The Nation's Tobacco Cessation Efforts

Abby C. Rosenthal, MPH
Office on Smoking and Health

Navy Health Promotion Conference on Tobacco
February 15, 2005

SAFER • HEALTHIER • PEOPLE™

CDC Tobacco Control™

Tobacco is a Readiness Issue

United States Navy

Vision of a Comprehensive Vision of a Comprehensive Approach

- All tobacco users have barrier-free access to a selection of effective treatments
- Basis for treatments guided by scientific evidence
- Services readily available at low or no out-of-pocket costs
- Details about services and how to gain access are promoted and easy to do
- Social norm change to help tobacco users quit

Resources Available

- Not all-inclusive compilation
- Wealth of materials from state programs
- Civilian resources

Caveat

- Guidelines
- Strategic planning documents
- Toolkits
- Provider education materials
- Patient education materials

GUIDELINES

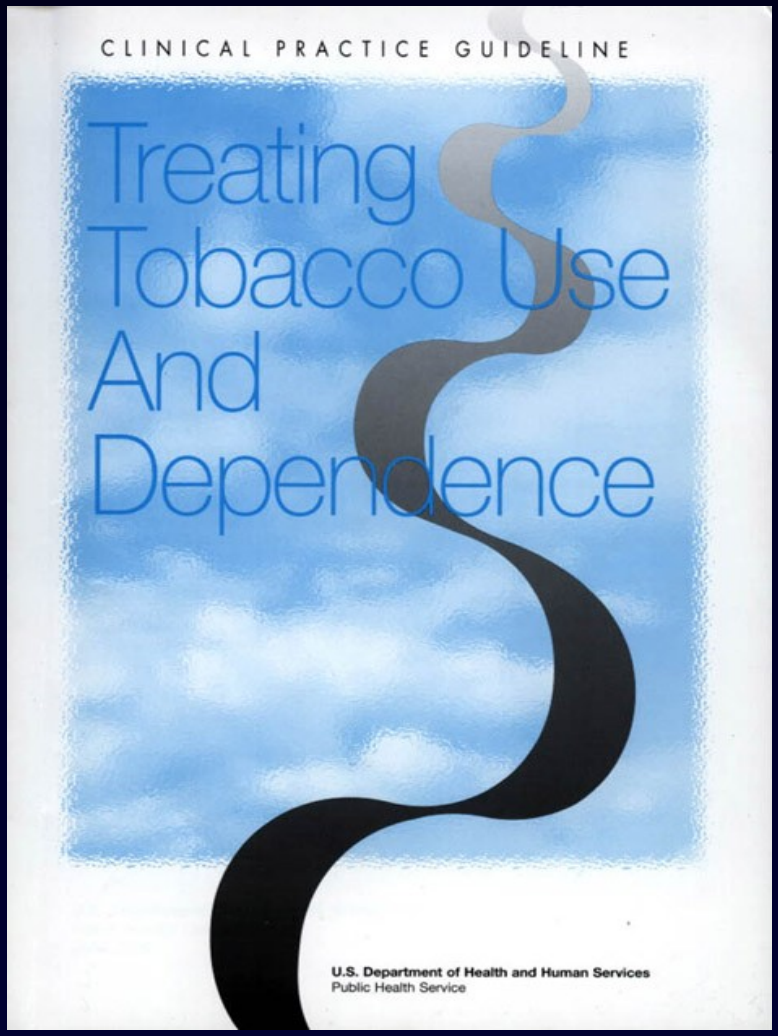
Three Levels of Cessation Interventions

- Individuals
- Health Care Systems
- Populations

SMOKING AND TOBACCO CONTROL
MONOGRAPH 12
Population Based Smoking Cessation
THE COCHRANE LIBRARY
UPDATE
1999 Issue 1
Reducing Tobacco Use
A Report of the Surgeon General
U.S. PUBLIC HEALTH SERVICE
1798
Guide to CLINICAL PREVENTIVE SERVICES
SECOND EDITION
Best Practices
for Comprehensive Tobacco Control Programs
August 1999
CLINICAL PRACTICE GUIDELINE
Treating Tobacco Use And Dependence
U.S. Department of Health and Human Services
Public Health Service
AMERICAN JOURNAL OF PREVENTIVE MEDICINE
Supplement to American Journal of Preventive Medicine
February 2001
The Guide to Community Preventive Services: Tobacco Use Prevention and Control
Reviews, Recommendations, and Expert Commentary
Guest Editors
David P. Hopkins, Jonathan E. Fielding, and the Task Force on Community Preventive Services
A Journal of the
ACPM
American College of Preventive Medicine
&
ATPM
ELSEVIER
CDC
U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Office on Smoking and Health

TOBACCO USE TREATMENT INTERVENTION FOR INDIVIDUALS

What Does the Evidence Tell Us?


CLINICAL PRACTICE GUIDELINE
Treating Tobacco Use And Dependence
U.S. Department of Health and Human Services
Public Health Service

www.surgeongeneral.gov/tobacco/treating_tobacco_use.pdf

DEPARTMENT OF DEFENSE

VETERANS ADMINISTRATION

Tobacco Use Cessation

Clinical Practice Guideline Development Meeting

January 2003

WHAT Do MODEL PROGRAMS TELL US about

the POTENTIAL for CLINICAL INTERVENTIONS to INCREASE CESSATION?

What Does the Evidence Tell Us?

EFFECTIVENESS of HEALTH CARE SYSTEM CHANGES:
What Does the Evidence Tell Us?

U.S. Army Dental Command Annual Exam Stamp

PERIODIC ORAL EVALUATION

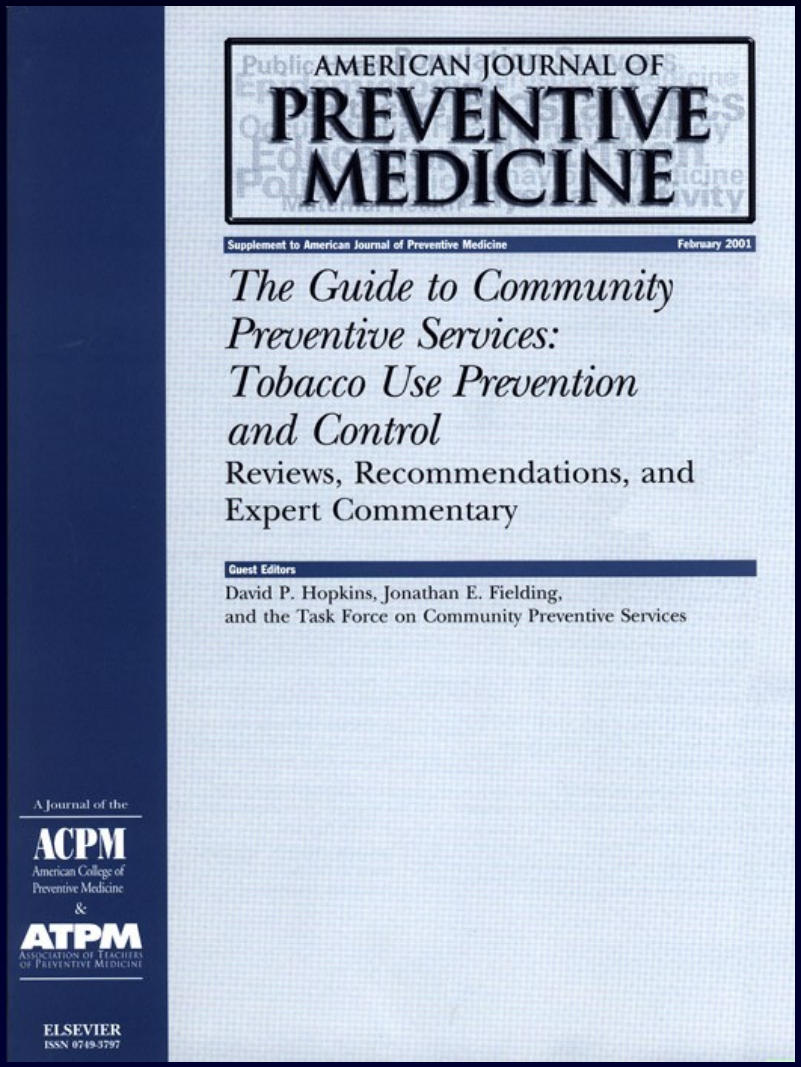
BP_____/_____ PSR

BWX____ PAX____ PANX____

SOFT TISSUE WNL : Yes / No

CARIES RISK: Low Mod High

TOBACCO: No Smoke Chew Both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ATPM
Association of Teachers of Preventive Medicine
ELSEVIER
ISSN 0749-3797

Am J Prev Med, Feb 2001

Cessation Interventions in Health Care Systems

Goal	Recommended Interventions
Increase cessation	Provider reminder systems* Provider reminders systems combined with provider education Telephone Quit Lines* Reduce patient costs for treatment (NRT)

Goal	Interventions with Insufficient Evidence
Increase cessation	Provider education programs (alone) Provider feedback systems

* When combined with other interventions

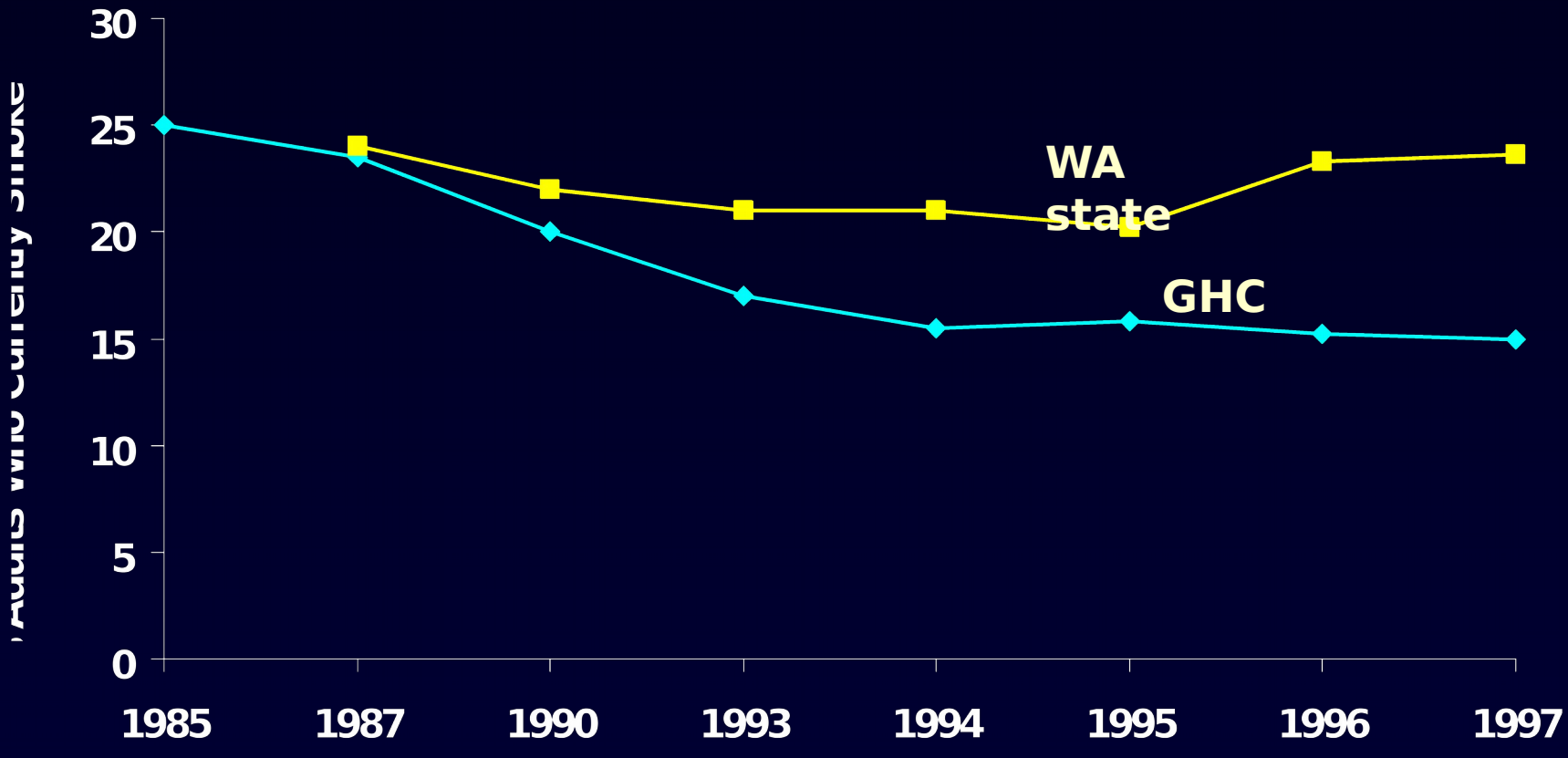
WHAT Do MODEL PROGRAMS TELL US about the POTENTIAL for SYSTEM CHANGES to INCREASE CESSATION?

Model Program: Group Health Cooperative of Puget Sound

- Primary care screening and advice system
- Behavioral support program: group program or telephone counseling
- Behavioral support program is free
- NRT is a covered benefit (usual pharmacy co-pay); behavioral support required
- Extensive effort to recruit smokers into treatment
- 10% of smokers use intensive services each year
- 30% cessation rate

Sources: Sofian N, et al. HMO Practice 1995;9(3):144-6; McAfee T et. al. HMO Practice 1995;9(3):138-43.

Trends in Smoking Prevalence 1985-1997 Washington State & Group Health Cooperative



Source: McAfee et al. HMO Practice. 1995, 9(3):138-143; McAfee unpublished data

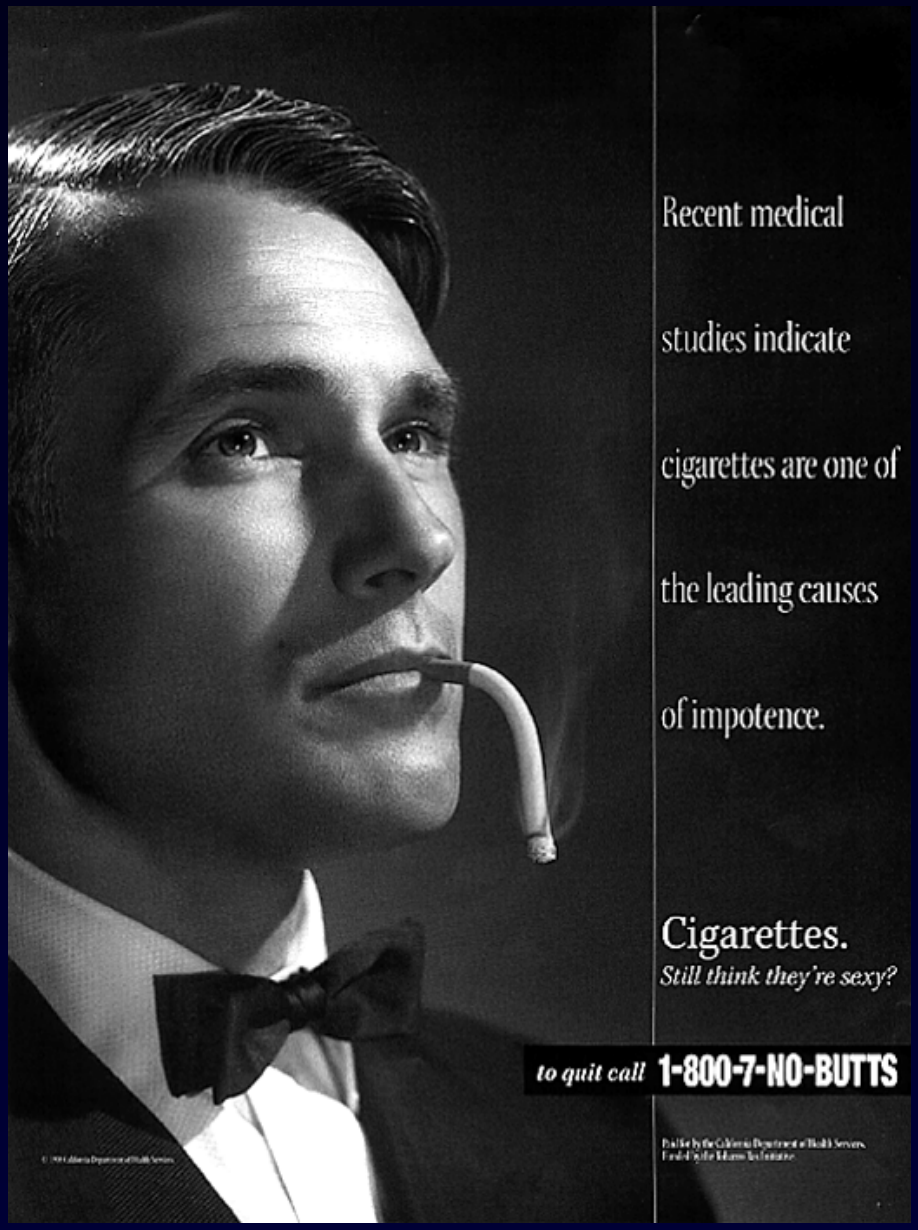
Cost Issues: Group Health of Puget Sound Model

- Cost $0.70 per smoker in the panel per month
- Cost savings in reduced health care use more than pays for cessation program within 3-4 years

Wagner E, et al. Arch Intern Med 1995;155:1789-95.

EFFECTIVE POPULATION-BASED APPROACHES to INCREASING CESSATION:

What Does the Evidence Tell Us?


Recent medical
studies indicate
cigarettes are one of
the leading causes
of impotence.
Cigarettes.
Still think they're sexy?
to quit call 1-800-7-NO-BUTTS

The Need for Population-based Approaches

- Non-clinical population approaches have a broad reach
- Some tobacco users either can not or will not utilize clinical services
- The health care system is not treating all smokers seen

VA Tobacco Control Elements:

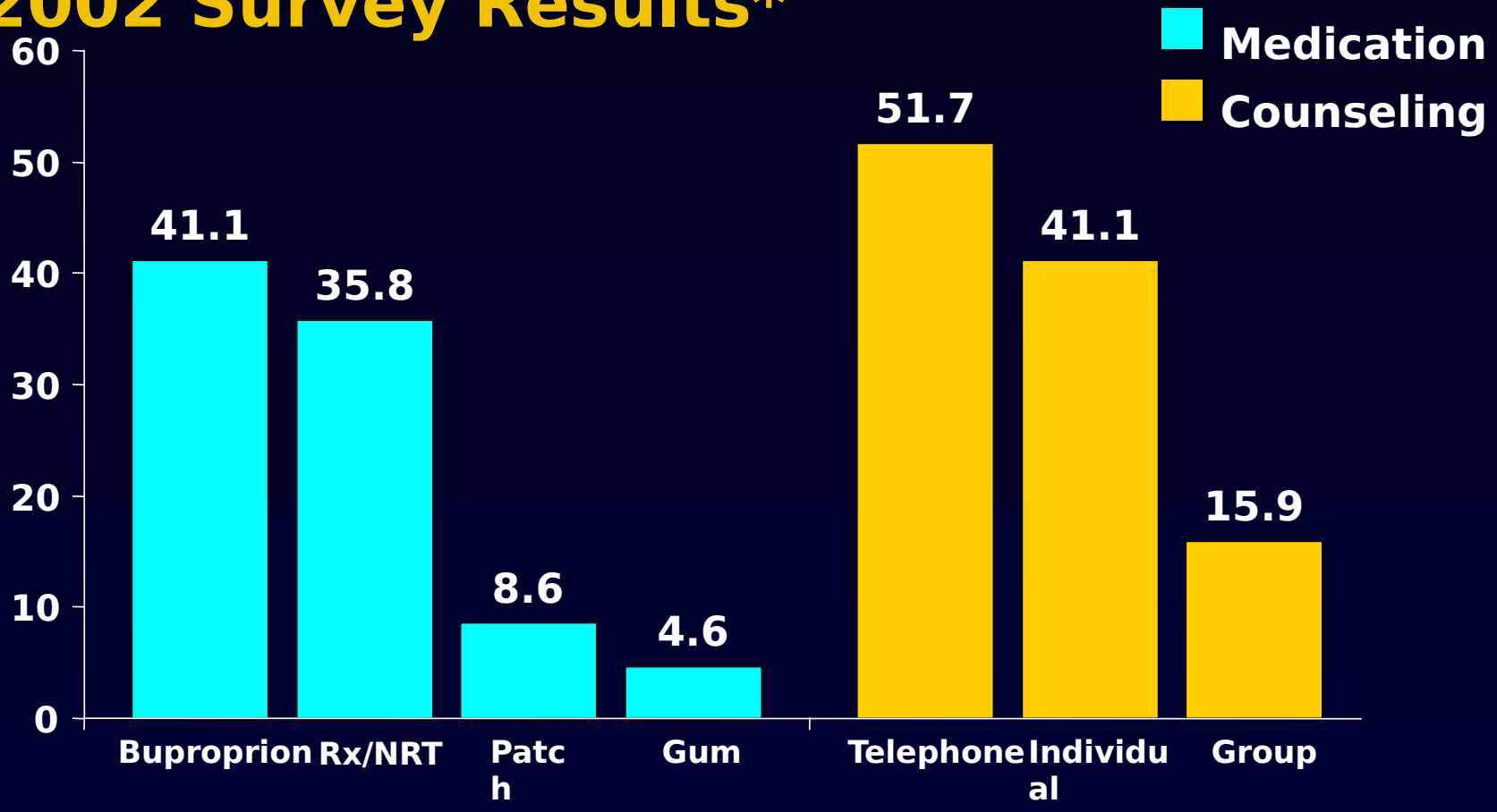
System-level strategies

- New policy (8/03) - smoking cessation medications available in primary care without restriction
- Remove all co-payments from smoking cessation treatment (2/04 → 2006)
- New VA/DoD guidelines (2004) - mandate treatment
  be offered to all patients interested in quitting
- New VA performance measures (2005)
  - —Were smoking cessation medications offered?
  - —Were strategies for quitting discussed?

VA Tobacco Control Elements:

- Set up national registry of smokers (2005-6)
- Conference to train MH providers (6/04, 6/05)
- National conference to advise VA on tobacco control (9/04)
- Interventions with low-performing sites

Addressing Tobacco in Managed Care: 2002 Survey Results*



*60% Response rate

Mc-Phillips-Tangum C. et al. Addressing Tobacco in Managed Care: Results of the 2002 survey. *Preventing Chronic Disease 2004*

IMPACT = EFFICACY x REACH

Cessation Interventions in Health Care Systems

Goal	Recommended Interventions
Increase cessation	Increase in price of tobacco products (tax) Mass media campaigns* Telephone quitlines*

Goal	Interventions with Insufficient Evidence
Increase cessation	Smoking cessation contests Broadcast smoking cessation series

* When combined with other interventions

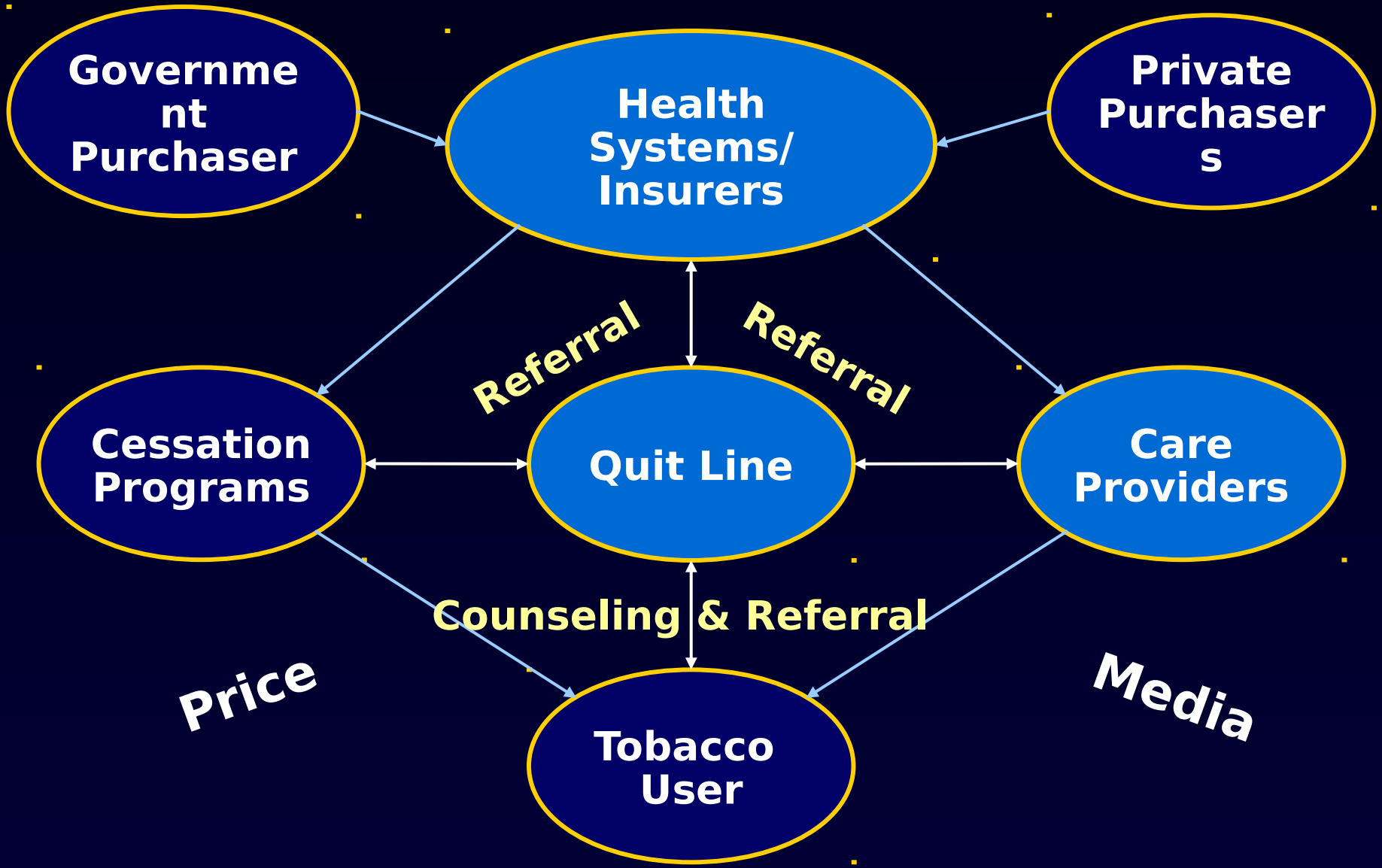
WHAT DO MODEL PROGRAMS TELL US ABOUT the POTENTIAL for POPULATION-BASED INTERVENTIONS to INCREASE CESSATION?

California

- The Quitline has served over 100,000 tobacco users
- Media was the most important referral source (50%), followed by health care providers (20%)
- About 1/3 of callers were ethnic minorities and 17% were 24 years of age or younger
- Compared with CA smokers overall, callers were more dependent on nicotine, more likely to live with other smokers, more likely to have tried to quit recently, and more ready to try again
- Randomized trials of the California quitline shows doubling of cessation rates for telephone counseling compared with self-help materials alone

Source: Zhu SH et al. Tobacco Control 2000;9(Suppl II):ii48-55.

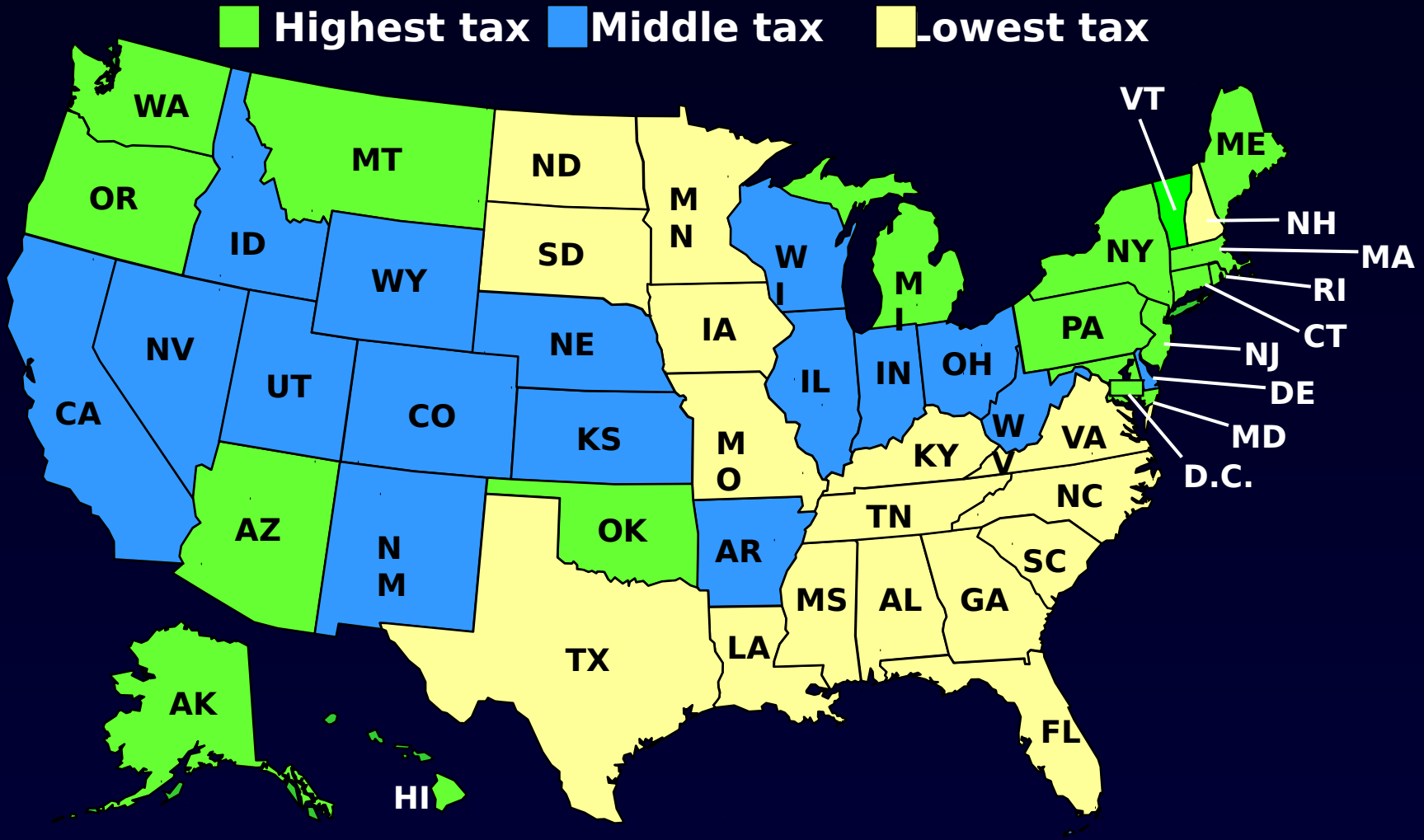
Clean Indoor Air Policies



Source: Oregon Department of Human Services-Tobacco Prevention and Education Program

State Cigarette Excise Taxes, 2004

Range 3.0¢ to $2.46 per Pack



Source: November, 2004 http://www.tobaccofreekids.org/research/factsheets/pdf/0097.pdf

State Smokefree Workplace Laws, 2004

	Smokefree **Offices**	Smokefree **Restaurants**	Smokefree **Bars**
California	✓□✓□✓		
Delaware	✓□✓□✓		
New York	✓□✓□✓		
Connecticut	✓□✓□✓		
Maine	✓□✓□✓		
Massachusetts	✓□✓□✓		
Rhode Island	✓□✓□✓		
Florida	✓□✓□		
Vermont	✓□✓□		
Utah	✓□✓□		
Idaho	✓□✓□		
Maryland	✓		
Washington	✓		

Department of Health and Human Services Tobacco Free Initiative

Key Components

- Nicotine Replacement Therapy (patch, gum and lozenge) provided free through employee health clinics and or employee's health insurer
- Counseling provided through health clinics and quitlines
- Tobacco Free Campus Policy

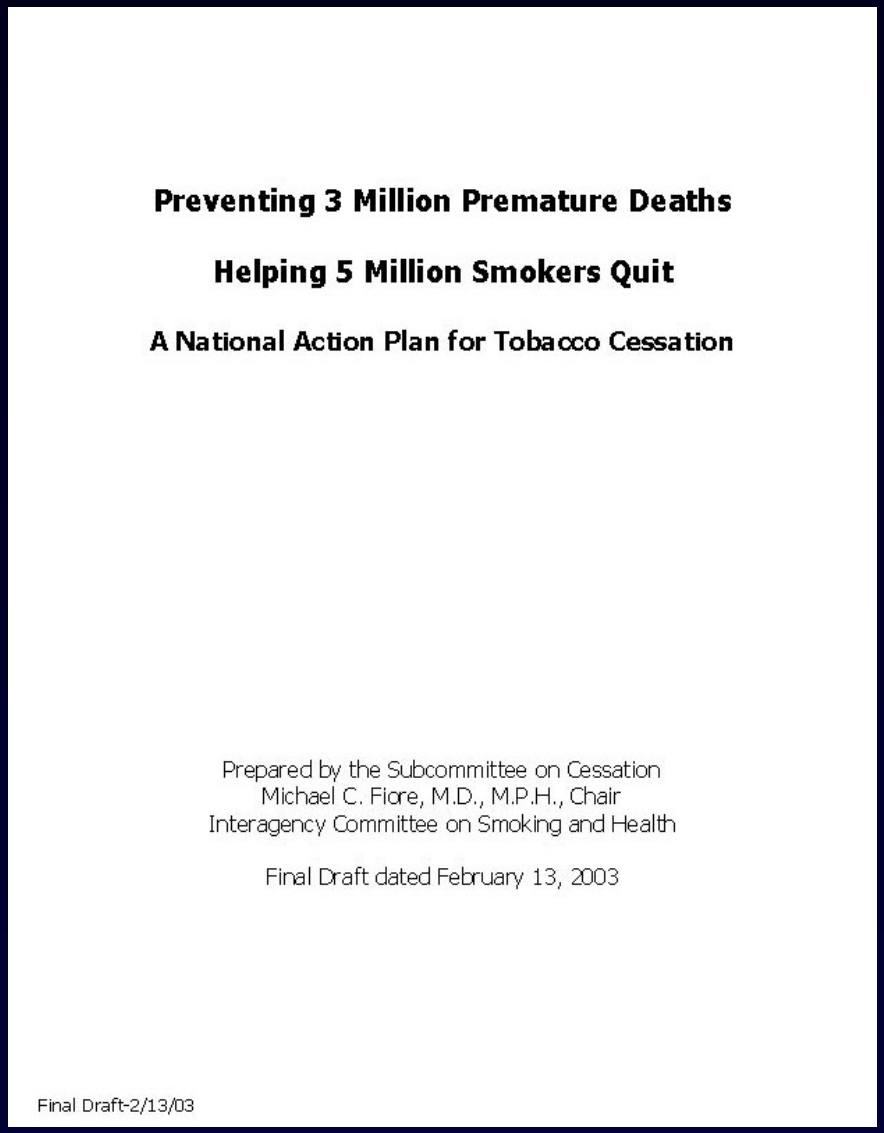
Source: DHHS 2004

DHHS: National Promotion Effort: The National Network of Quitlines

- Single quitline number for promotion
- NCE uses telecommunication system to route calls to states based on area codes
- Goal of operation: 24/7
- Increases calls to states during promotions
- CIS handles calls for states who currently do not offer quitline services

STRATEGIC PLANNING DOCUMENTS

ctcinfo.org/upload/National_Action_Plan_Tobacco_Cessation.pdf



Preventing 3 Million Premature Deaths

Helping 5 Million Smokers Quit

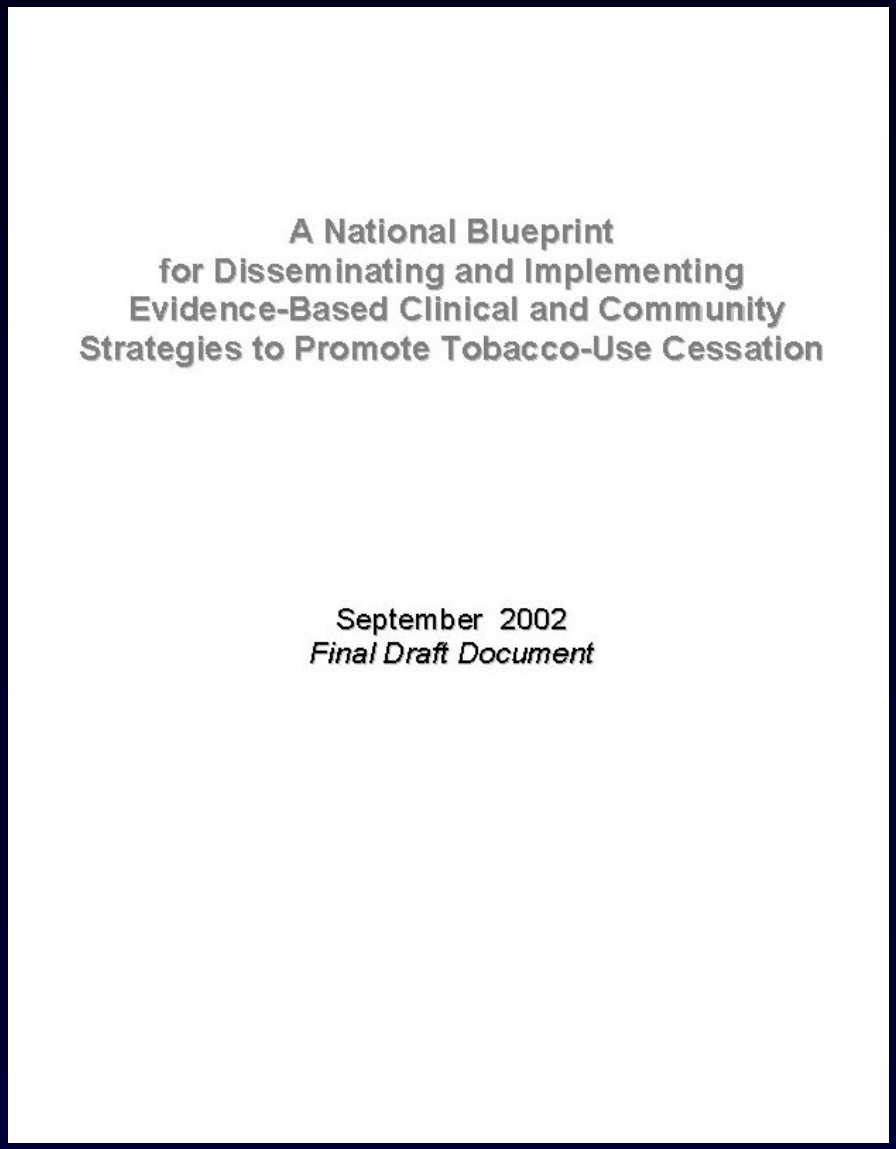
A National Action Plan for Tobacco Cessation

Prepared by the Subcommittee on Cessation
Michael C. Fiore, M.D., M.P.H., Chair
Interagency Committee on Smoking and Health

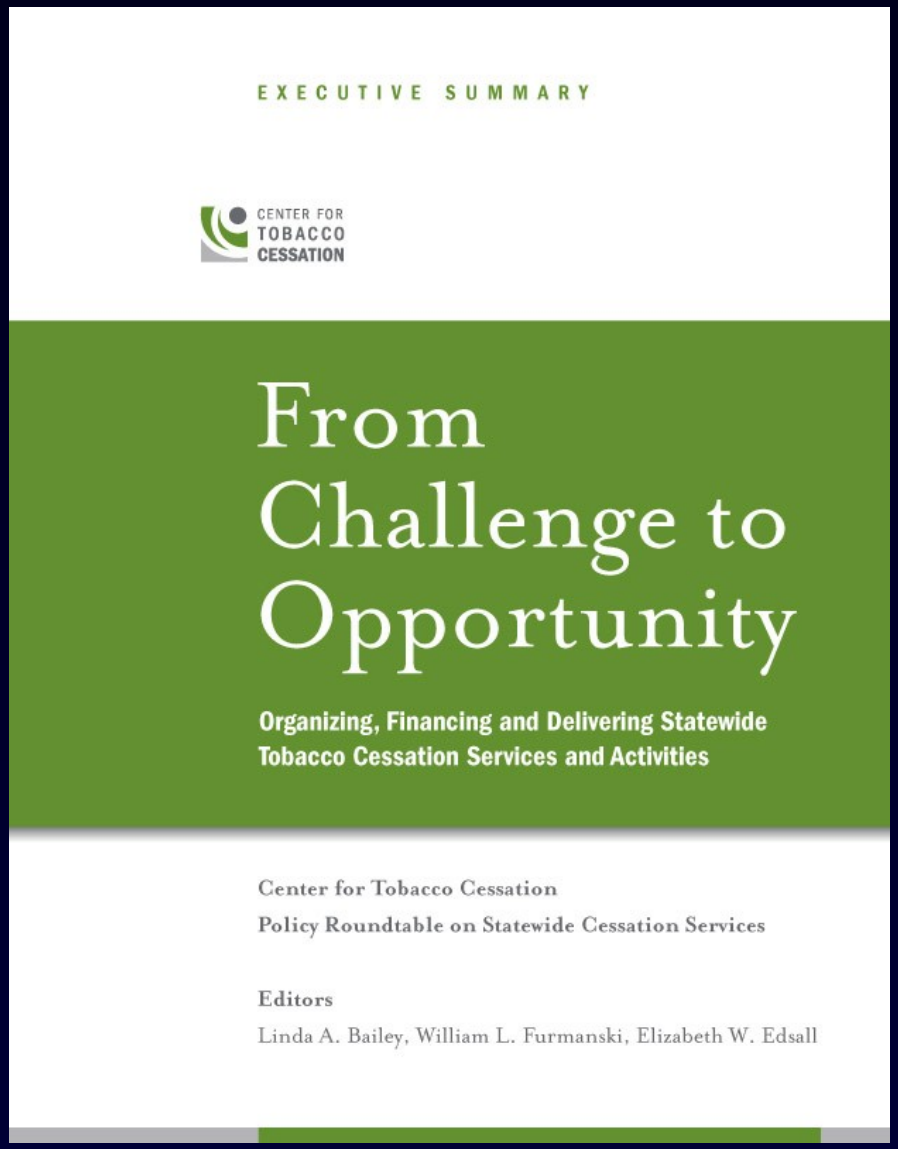
Final Draft dated February 13, 2003

Final Draft-2/13/03

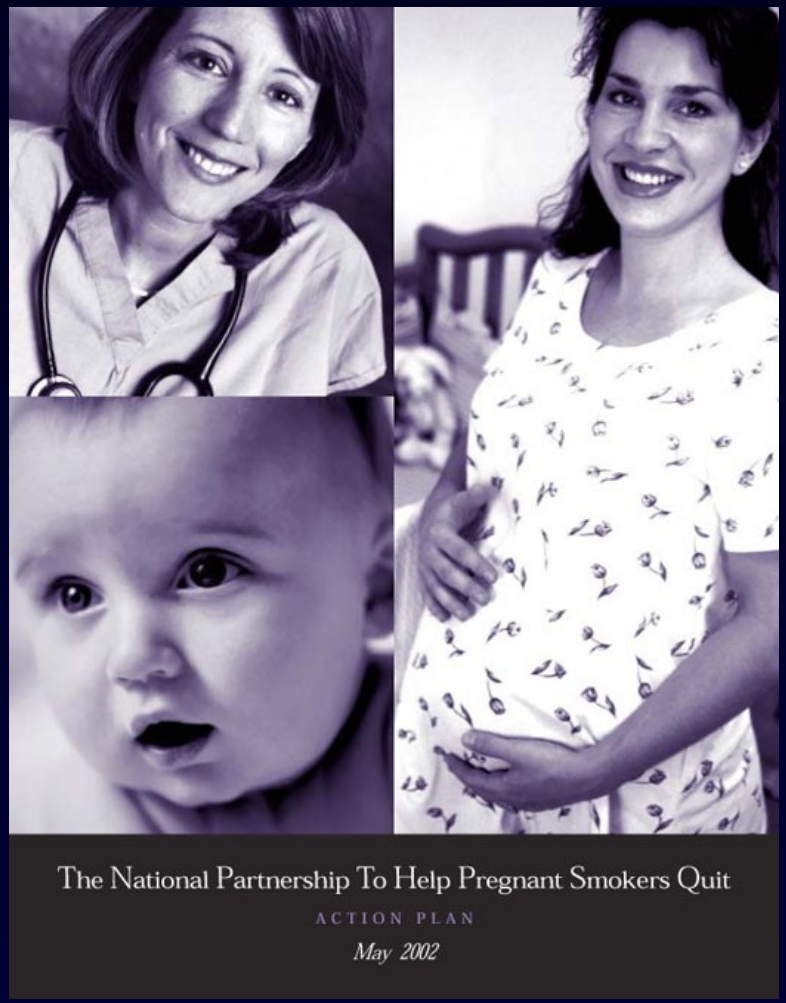
ctcinfo.org/tools/blueprints.asp



ctcinfo.org/pubs_press/reports.asp


EXECUTIVE SUMMARY
CENTER FOR TOBACCO CESSATION
From Challenge to Opportunity
Organizing, Financing and Delivering Statewide Tobacco Cessation Services and Activities
Center for Tobacco Cessation
Policy Roundtable on Statewide Cessation Services
Editors
Linda A. Bailey, William L. Furmanski, Elizabeth W. Edsall

National Partnership to Help Pregnant Smokers Quit

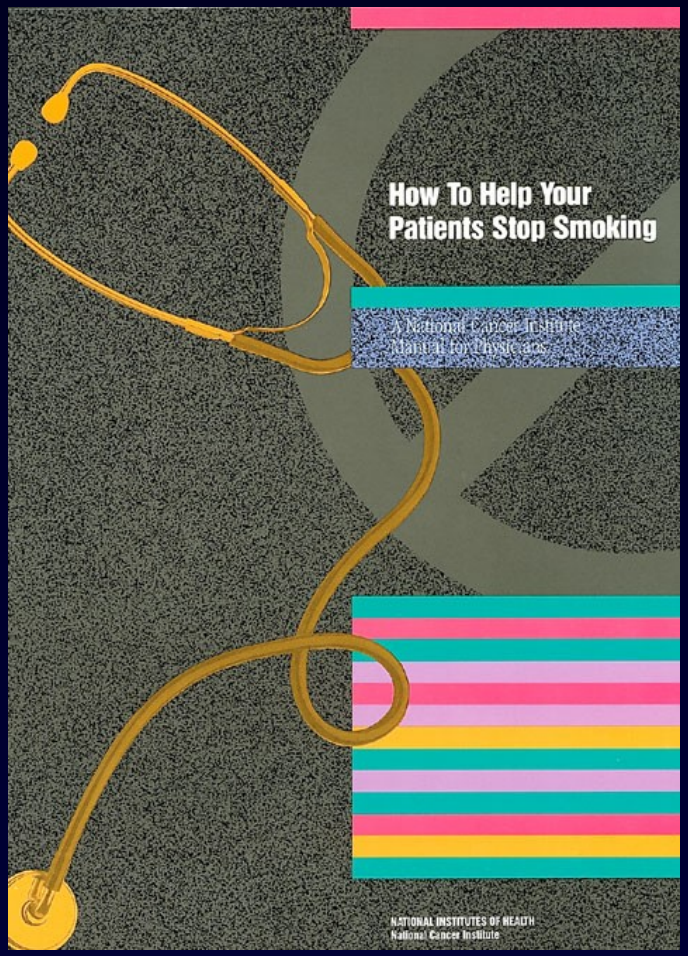


www.helppregnantsmokersquit.org/documents/Actionplan.pdf

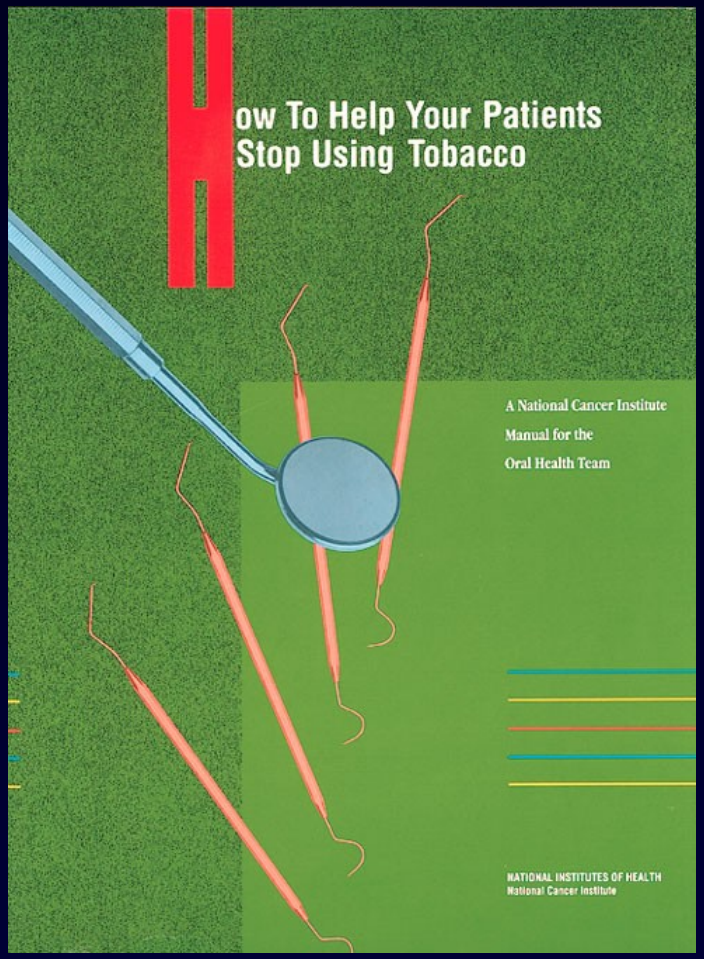
TOOLKITS

Toolkits for Providers

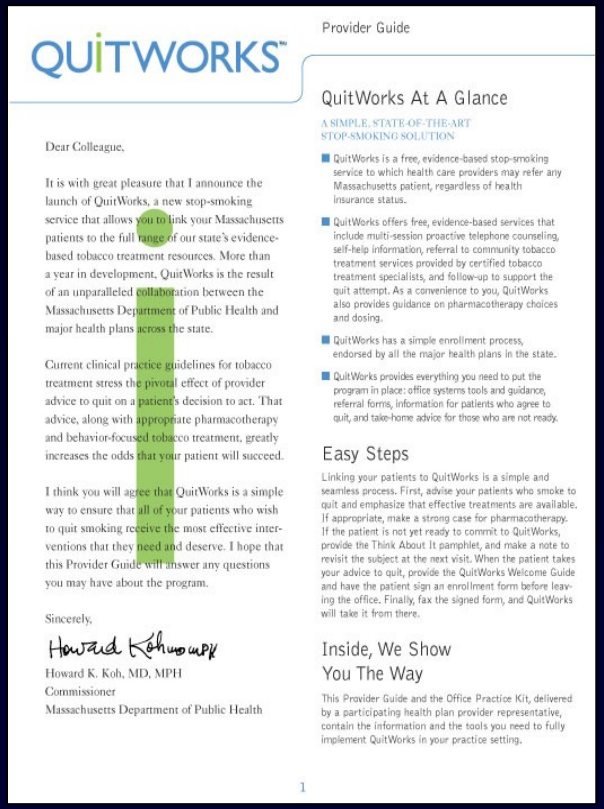
Doctors



Dentists



Toolkits for Providers



QUITWORKS™

Provider Guide

Dear Colleague,

It is with great pleasure that I announce the launch of QuitWorks, a new stop-smoking service that allows you to link your Massachusetts patients to the full range of our state's evidence-based tobacco treatment resources. More than a year in development, QuitWorks is the result of an unparalleled collaboration between the Massachusetts Department of Public Health and major health plans across the state.

Current clinical practice guidelines for tobacco treatment stress the pivotal effect of provider advice to quit on a patient's decision to act. That advice, along with appropriate pharmacotherapy and behavior-focused tobacco treatment, greatly increases the odds that your patient will succeed.

I think you will agree that QuitWorks is a simple way to ensure that all of your patients who wish to quit smoking receive the most effective interventions that they need and deserve. I hope that this Provider Guide will answer any questions you may have about the program.

Sincerely,

Howard K. Koh, MD, MPH
Commissioner
Massachusetts Department of Public Health

QuitWorks At A Glance

A SIMPLE, STATE-OF-THE-ART STOP-SMOKING SOLUTION

- QuitWorks is a free, evidence-based stop-smoking service to which health care providers may refer any Massachusetts patient, regardless of health insurance status.
- QuitWorks offers free, evidence-based services that include multi-session proactive telephone counseling, self-help information, referral to community tobacco treatment services provided by certified tobacco treatment specialists, and follow-up to support the quit attempt. As a convenience to you, QuitWorks also provides guidance on pharmacotherapy choices and dosing.
- QuitWorks has a simple enrollment process, endorsed by all the major health plans in the state.
- QuitWorks provides everything you need to put the program in place: office systems tools and guidance, referral forms, information for patients who agree to quit, and take-home advice for those who are not ready.

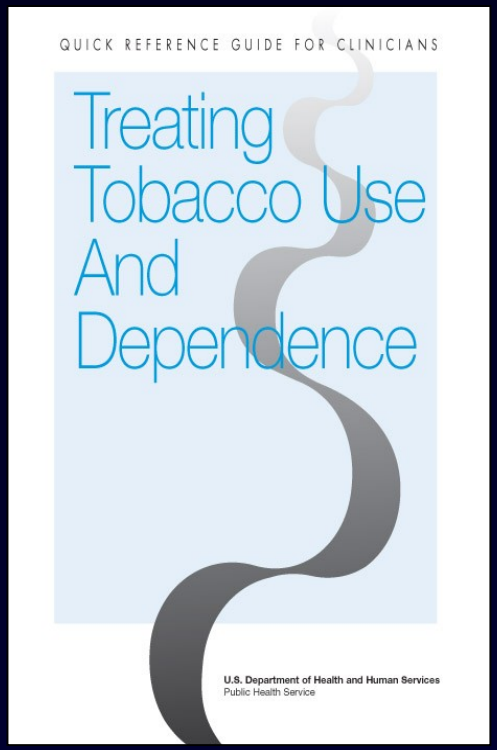
Easy Steps

Linking your patients to QuitWorks is a simple and seamless process. First, advise your patients who smoke to quit and emphasize that effective treatments are available. If appropriate, make a strong case for pharmacotherapy. If the patient is not yet ready to commit to QuitWorks, provide the Think About It pamphlet, and make a note to revisit the subject at the next visit. When the patient takes your advice to quit, provide the QuitWorks Welcome Guide and have the patient sign an enrollment form before leaving the office. Finally, fax the signed form, and QuitWorks will take it from there.

Inside, We Show You The Way

This Provider Guide and the Office Practice Kit, delivered by a participating health plan provider representative, contain the information and the tools you need to fully implement QuitWorks in your practice setting.

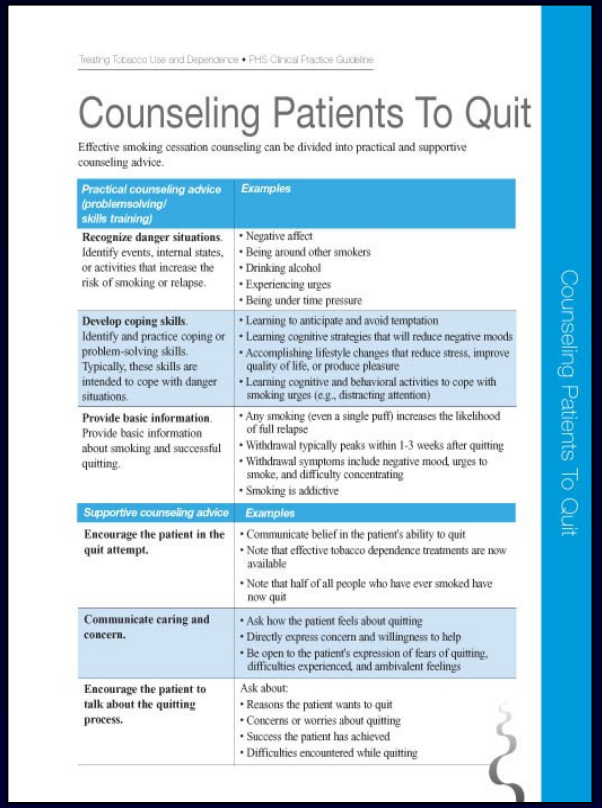
1



QUICK REFERENCE GUIDE FOR CLINICIANS

Treating Tobacco Use And Dependence

U.S. Department of Health and Human Services
Public Health Service



Treating Tobacco Use and Dependence • PHS Clinical Practice Guideline

Counseling Patients To Quit

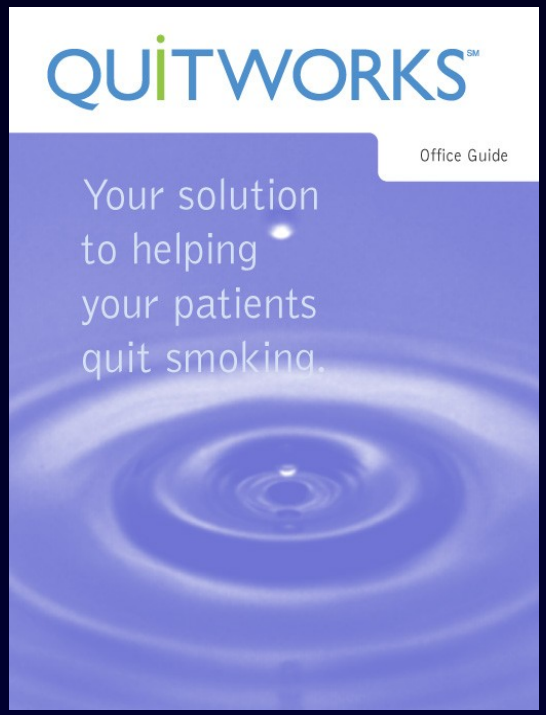
Effective smoking cessation counseling can be divided into practical and supportive counseling advice.

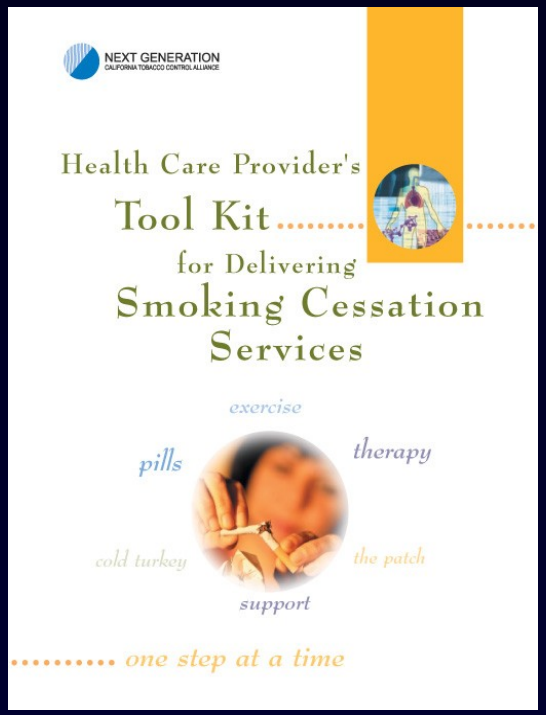
Practical counseling advice (problemsolving/ skills training)	*Examples*
Recognize danger situations. Identify events, internal states, or activities that increase the risk of smoking or relapse.	• Negative affect • Being around other smokers • Drinking alcohol • Experiencing urges • Being under time pressure
Develop coping skills. Identify and practice coping or problem-solving skills. Typically, these skills are intended to cope with danger situations.	• Learning to anticipate and avoid temptation • Learning cognitive strategies that will reduce negative moods • Accomplishing lifestyle changes that reduce stress, improve quality of life, or produce pleasure • Learning cognitive and behavioral activities to cope with smoking urges (e.g., distracting attention)
Provide basic information. Provide basic information about smoking and successful quitting.	• Any smoking (even a single puff) increases the likelihood of full relapse • Withdrawal typically peaks within 1-3 weeks after quitting • Withdrawal symptoms include negative mood, urges to smoke, and difficulty concentrating • Smoking is addictive
Supportive counseling advice	*Examples*
Encourage the patient in the quit attempt.	• Communicate belief in the patient's ability to quit • Note that effective tobacco dependence treatments are now available • Note that half of all people who have ever smoked have now quit
Communicate caring and concern.	• Ask how the patient feels about quitting • Directly express concern and willingness to help • Be open to the patient's expression of fears of quitting, difficulties experienced, and ambivalent feelings
Encourage the patient to talk about the quitting process.	Ask about: • Reasons the patient wants to quit • Concerns or worries about quitting • Success the patient has achieved • Difficulties encountered while quitting

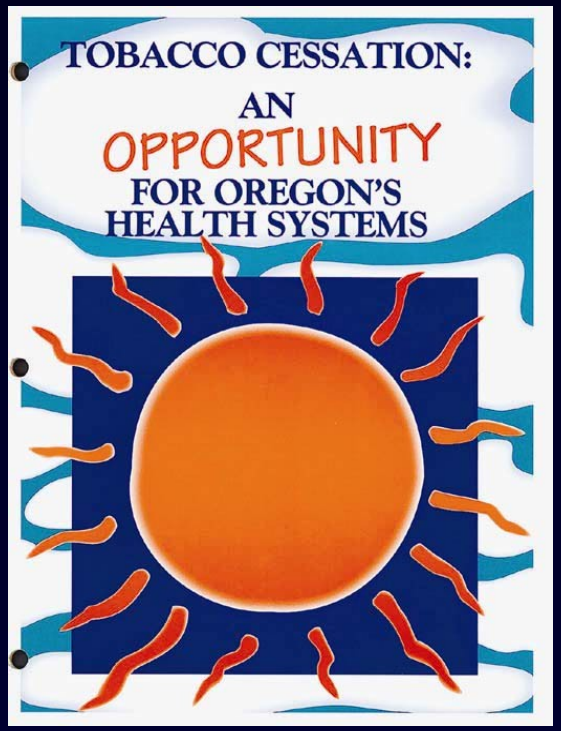
Counseling Patients To Quit

www.quitworks.org
www.ahrq.gov/clinic/tobacco/tobaqrg.pdf
www.ahrq.gov/clinic/tobacco/counsel.pdf

Toolkits for Health Care Systems

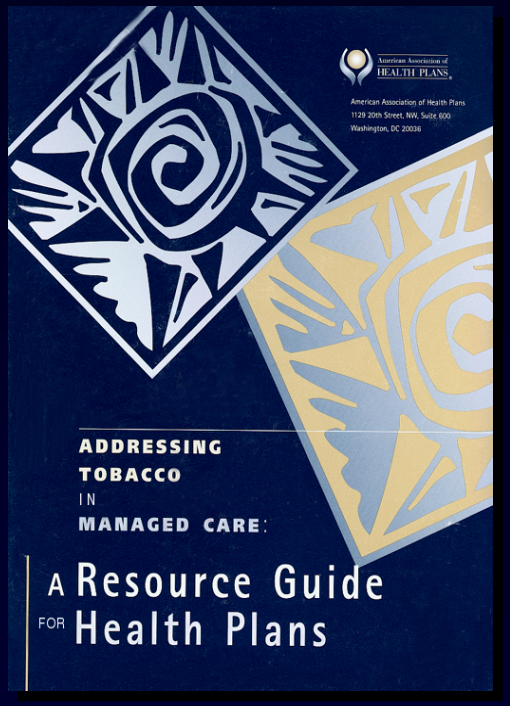


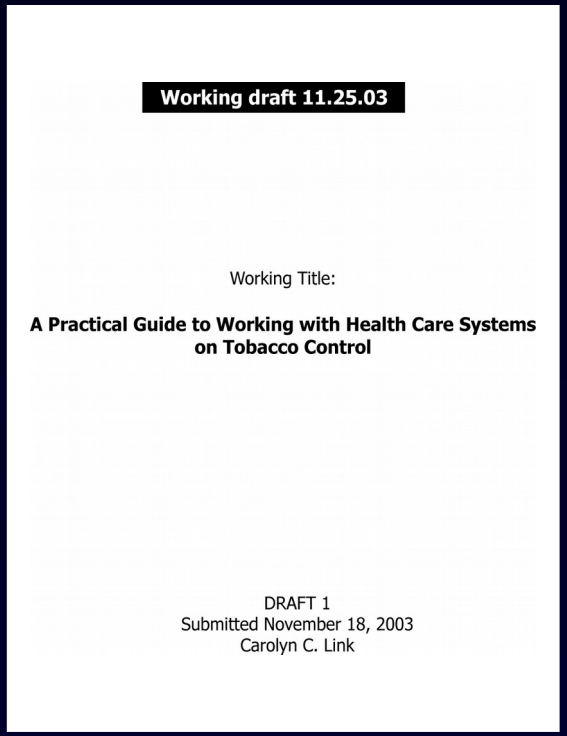




www.quitworks.org
www.cessationcenter.org/pdfs/NGAToolkit_FINAL_FORWEB.pdf
www.ohd.hr.state.or.us/tobacco/cess/imp.cfm

Toolkits for Health Care Systems



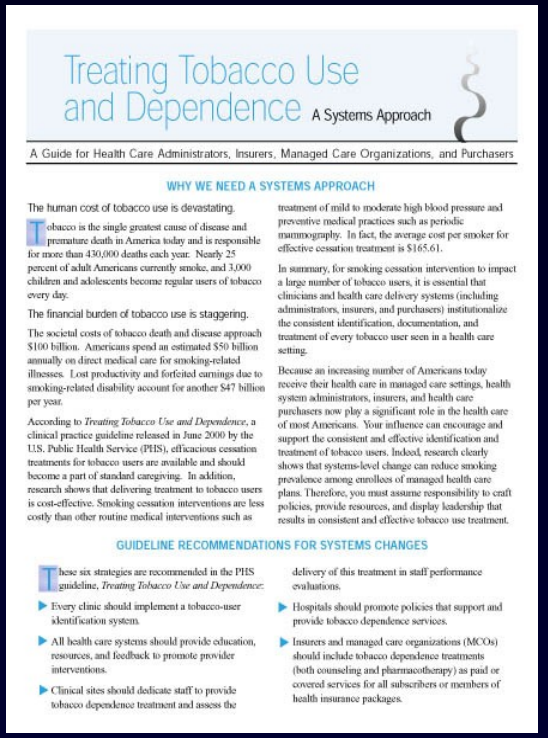


Working draft 11.25.03

Working Title:

A Practical Guide to Working with Health Care Systems on Tobacco Control

DRAFT 1
Submitted November 18, 2003
Carolyn C. Link



Treating Tobacco Use and Dependence A Systems Approach

A Guide for Health Care Administrators, Insurers, Managed Care Organizations, and Purchasers

WHY WE NEED A SYSTEMS APPROACH

The human cost of tobacco use is devastating.

Tobacco is the single greatest cause of disease and premature death in America today and is responsible for more than 430,000 deaths each year. Nearly 25 percent of adult Americans currently smoke, and 3,000 children and adolescents become regular users of tobacco every day.

The financial burden of tobacco use is staggering.

The societal costs of tobacco death and disease approach $100 billion. Americans spend an estimated $50 billion annually on direct medical care for smoking-related illnesses. Lost productivity and forfeited earnings due to smoking-related disability account for another $47 billion per year.

According to *Treating Tobacco Use and Dependence*, a clinical practice guideline released in June 2000 by the U.S. Public Health Service (PHS), efficacious cessation treatments for tobacco users are available and should become a part of standard caregiving. In addition, research shows that delivering treatment to tobacco users is cost-effective. Smoking cessation interventions are less costly than other routine medical interventions such as treatment of mild to moderate high blood pressure and preventive medical practices such as periodic mammography. In fact, the average cost per smoker for effective cessation treatment is $165.61.

In summary, for smoking cessation intervention to impact a large number of tobacco users, it is essential that clinicians and health care delivery systems (including administrators, insurers, and purchasers) institutionalize the consistent identification, documentation, and treatment of every tobacco user seen in a health care setting.

Because an increasing number of Americans today receive their health care in managed care settings, health system administrators, insurers, and health care purchasers now play a significant role in the health care of most Americans. Your influence can encourage and support the consistent and effective identification and treatment of tobacco users. Indeed, research clearly shows that systems-level change can reduce smoking prevalence among enrollees of managed health care plans. Therefore, you must assume responsibility to craft policies, provide resources, and display leadership that results in consistent and effective tobacco use treatment.

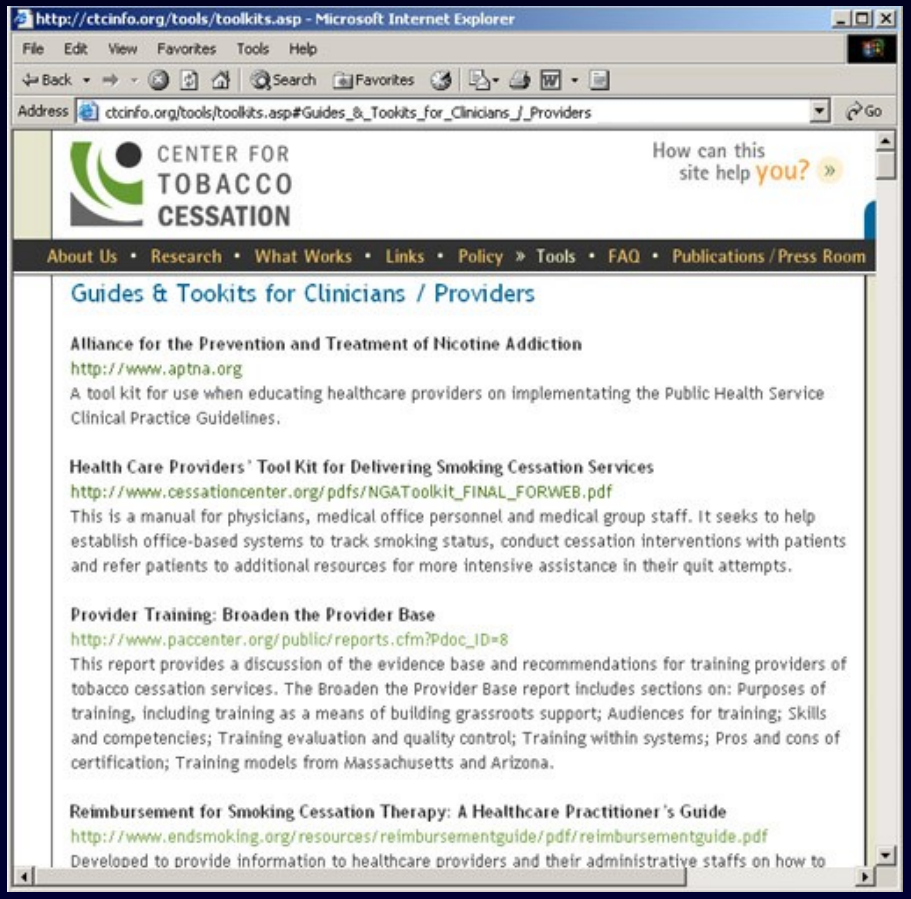
GUIDELINE RECOMMENDATIONS FOR SYSTEMS CHANGES

These six strategies are recommended in the PHS guideline, *Treating Tobacco Use and Dependence*:

- Every clinic should implement a tobacco-user identification system.
- All health care systems should provide education, resources, and feedback to promote provider interventions.
- Clinical sites should dedicate staff to provide tobacco dependence treatment and assess the delivery of this treatment in staff performance evaluations.
- Hospitals should promote policies that support and provide tobacco dependence services.
- Insurers and managed care organizations (MCOs) should include tobacco dependence treatments (both counseling and pharmacotherapy) as paid or covered services for all subscribers or members of health insurance packages.

www.ahip.org
www.ahrq.gov/clinic/tobacco/systems.pdf

Toolkits for Health Care Systems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File Edit View Favorites Tools Help
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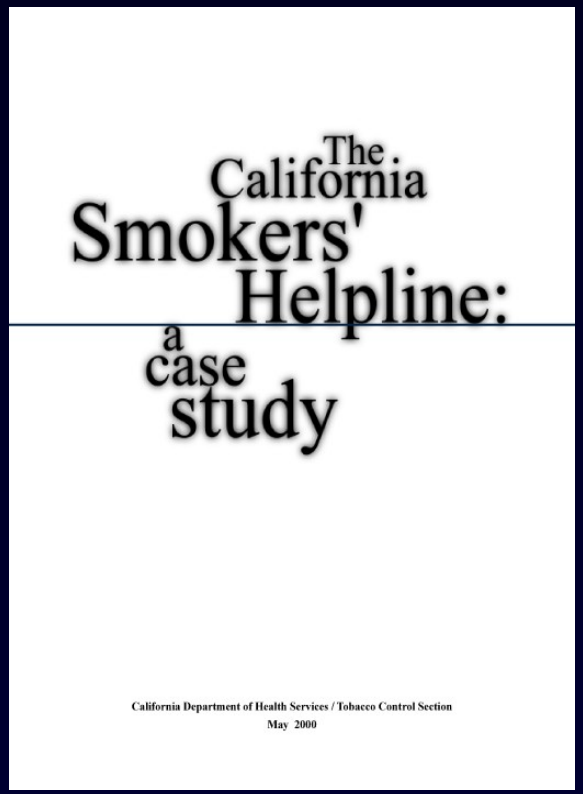
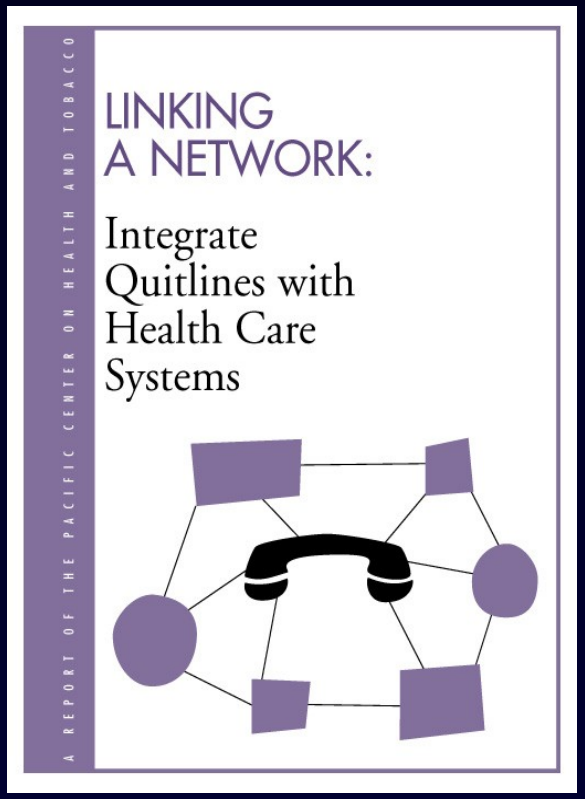
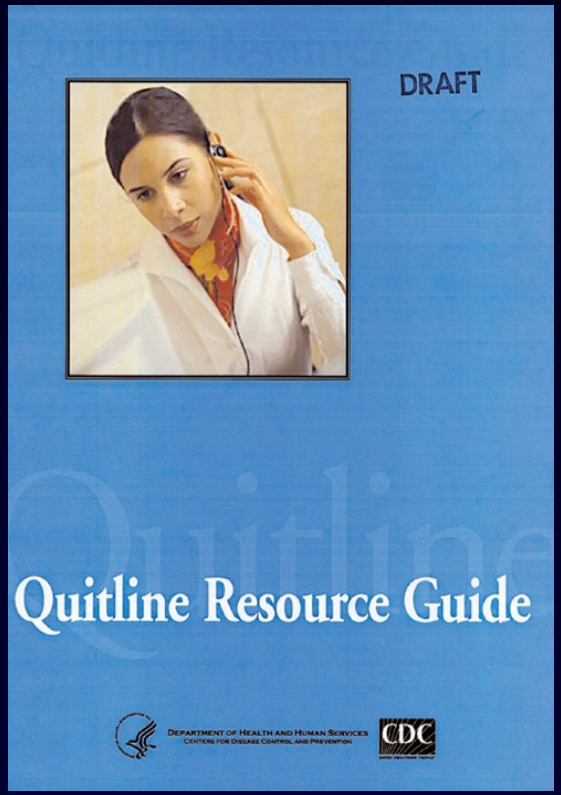
Address ctcinfo.org/tools/toolkits.asp#Guides_&_Tookits_for_Clinicians_/_Providers
Go
CENTER FOR TOBACCO CESSATION
How can this site help you?
About Us • Research • What Works • Links • Policy » Tools • FAQ • Publications / Press Room
Guides & Tookits for Clinicians / Providers
Alliance for the Prevention and Treatment of Nicotine Addiction
http://www.aptna.org
A tool kit for use when educating healthcare providers on implementating the Public Health Service Clinical Practice Guidelines.
Health Care Providers' Tool Kit for Delivering Smoking Cessation Services
http://www.cessationcenter.org/pdfs/NGAToolkit_FINAL_FORWEB.pdf
This is a manual for physicians, medical office personnel and medical group staff. It seeks to help establish office-based systems to track smoking status, conduct cessation interventions with patients and refer patients to additional resources for more intensive assistance in their quit attempts.
Provider Training: Broaden the Provider Base
http://www.paccenter.org/public/reports.cfm?Pdoc_ID=8
This report provides a discussion of the evidence base and recommendations for training providers of tobacco cessation services. The Broaden the Provider Base report includes sections on: Purposes of training, including training as a means of building grassroots support; Audiences for training; Skills and competencies; Training evaluation and quality control; Training within systems; Pros and cons of certification; Training models from Massachusetts and Arizona.
Reimbursement for Smoking Cessation Therapy: A Healthcare Practitioner's Guide
http://www.endsmoking.org/resources/reimbursementguide/pdf/reimbursementguide.pdf
Developed to provide information to healthcare providers and their administrative staffs on how to

ctcinfo.org/tools/toolkits.asp#Guides_&_Tookits_for_Clinicians_/_Providers

Toolkits for Quitlines

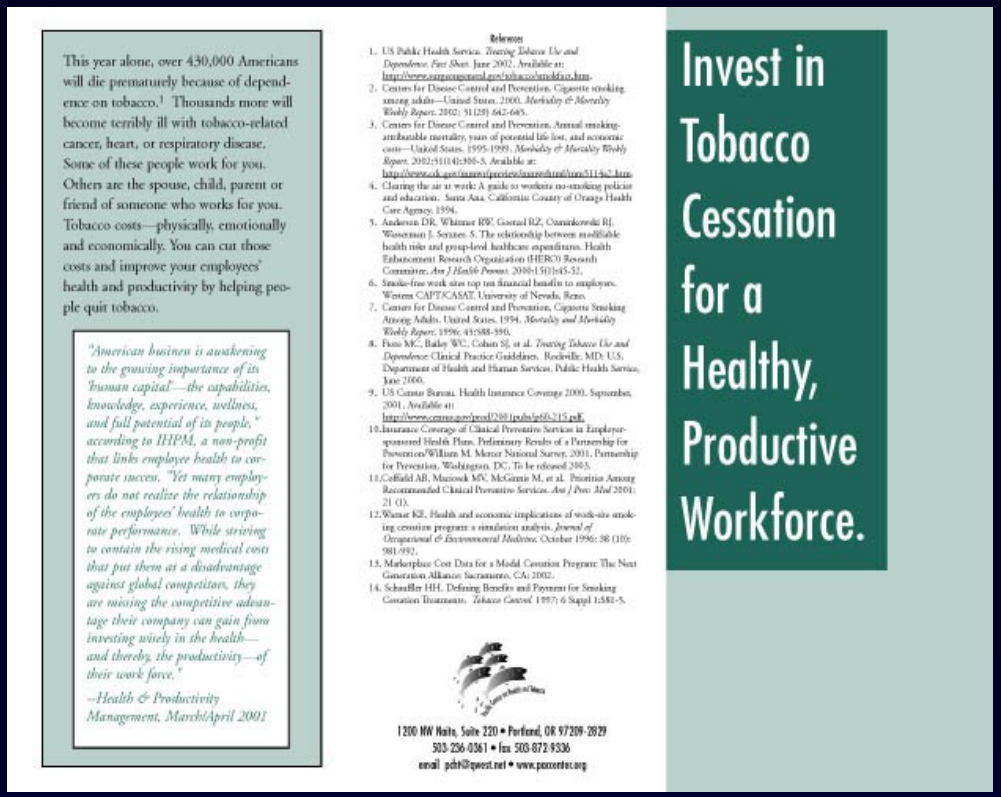

The California Smokers' Helpline: a case study
California Department of Health Services / Tobacco Control Section
May 2000





www.dhs.ca.gov/ps/cdic/ccb/tcs/documents/HelplineCaseStudy.pdf
www.paccenter.org/public/reports_folder/linking_broch_web.pdf
www.cdc.gov/tobacco

Toolkits for Employers



This year alone, over 430,000 Americans will die prematurely because of dependence on tobacco.[1] Thousands more will become terribly ill with tobacco-related cancer, heart, or respiratory disease. Some of these people work for you. Others are the spouse, child, parent or friend of someone who works for you. Tobacco costs—physically, emotionally and economically. You can cut those costs and improve your employees' health and productivity by helping people quit tobacco.

"American business is awakening to the growing importance of its 'human capital'—the capabilities, knowledge, experience, wellness, and full potential of its people," according to HPM, a non-profit that links employee health to corporate success. "Yet many employers do not realize the relationship of the employees' health to corporate performance. While striving to contain the rising medical costs that put them at a disadvantage against global competitors, they are missing the competitive advantage their company can gain from investing wisely in the health—and thereby, the productivity—of their work force."

—Health & Productivity Management, March/April 2001

References

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5. Anderson DR, Whitmer RW, Goetzel RZ, Ozminkowski RJ, Wasserman J, Serxner S. The relationship between modifiable health risks and group-level healthcare expenditures. Health Enhancement Research Organization (HERO) Research Committee. *Am J Health Promot.* 2000-Jul-Aug;14(1):43-52.
6. Smoke-free work sites top ten financial benefits to employers. Western CAPT/CASAT. University of Nevada, Reno.
7. Centers for Disease Control and Prevention, Cigarette Smoking Among Adults, United States, 1994. *Mortality and Morbidity Weekly Report,* 1996; 45:588-590.
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11. Coffield AB, Maciosek MV, McGinnis M, et al. Priorities Among Recommended Clinical Preventive Services. *Am J Prev Med* 2001; 21 (1).
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14. Schauffler HH. Defining Benefits and Payment for Smoking Cessation Treatments. *Tobacco Control* 1997; 6 Suppl 1:S81-5.

Invest in Tobacco Cessation for a Healthy, Productive Workforce.

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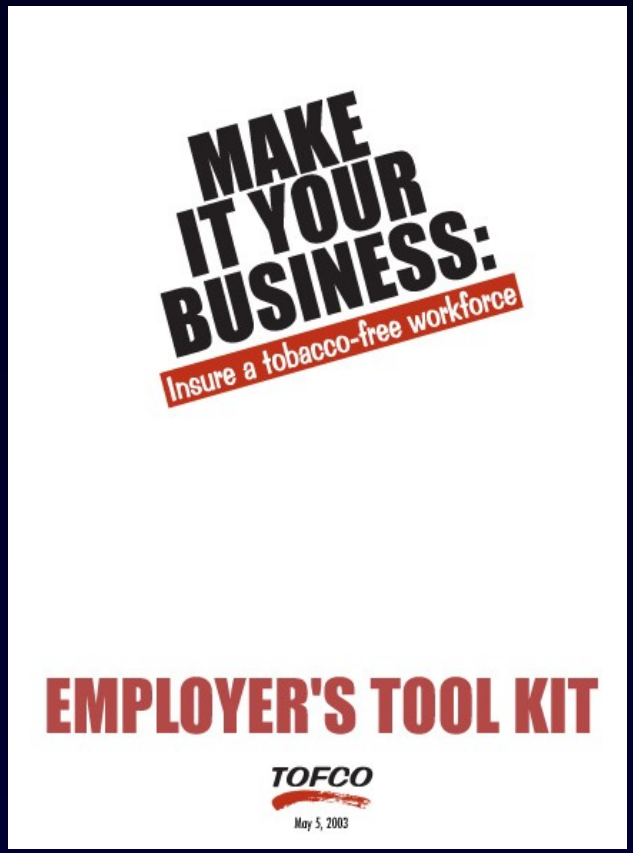
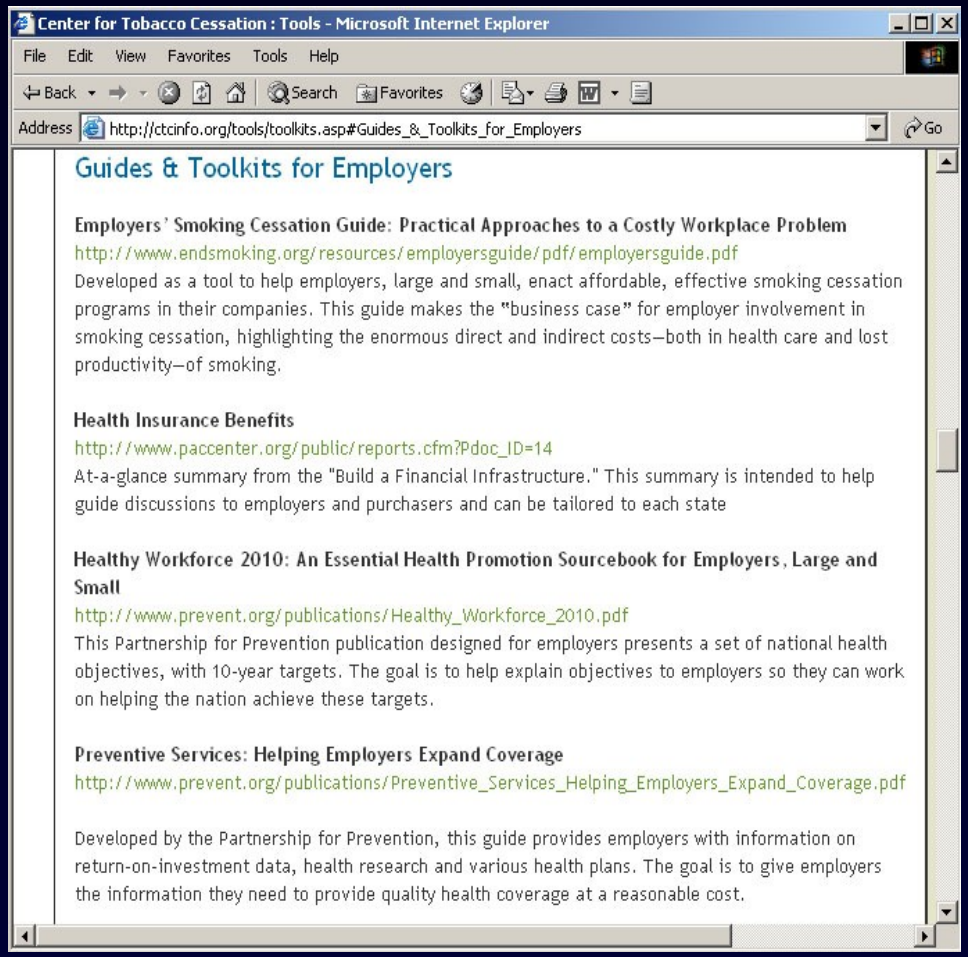
503-226-0361 • fax 503-872-9336
email pchf@qwest.net • www.paccenter.org



www.paccenter.org/public/reports_folder/cess_in_wp_web.pdf
www.tobaccofreeoregon.org/projects/miyb/pdf/toolkit_phase_one.pdf

Toolkits for Employers


Center for Tobacco Cessation : Tools - Microsoft Internet Explorer
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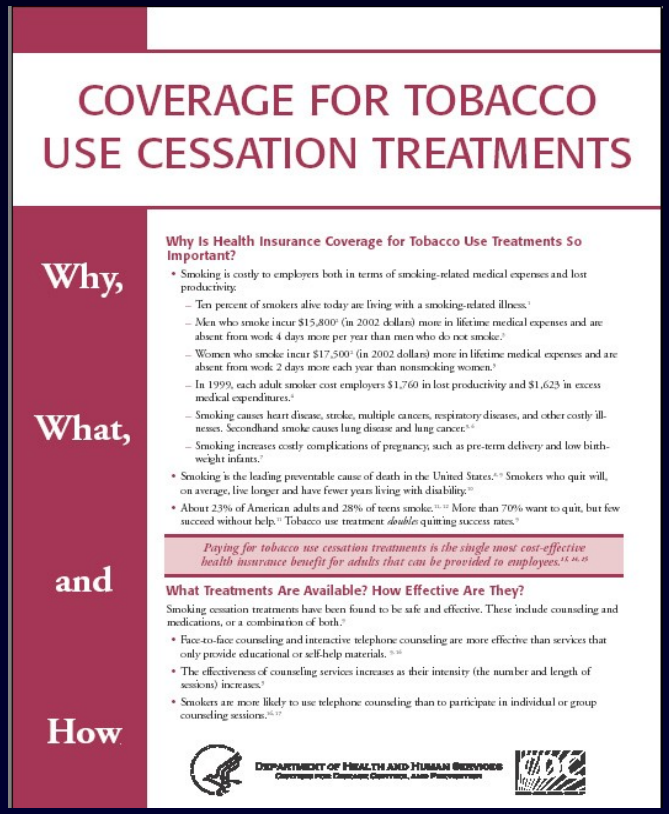
Address http://ctcinfo.org/tools/toolkits.asp#Guides_&_Toolkits_for_Employers
Go
Guides & Toolkits for Employers
Employers' Smoking Cessation Guide: Practical Approaches to a Costly Workplace Problem
http://www.endsmoking.org/resources/employersguide/pdf/employersguide.pdf
Developed as a tool to help employers, large and small, enact affordable, effective smoking cessation programs in their companies. This guide makes the "business case" for employer involvement in smoking cessation, highlighting the enormous direct and indirect costs—both in health care and lost productivity—of smoking.
Health Insurance Benefits
http://www.paccenter.org/public/reports.cfm?Pdoc_ID=14
At-a-glance summary from the "Build a Financial Infrastructure." This summary is intended to help guide discussions to employers and purchasers and can be tailored to each state
Healthy Workforce 2010: An Essential Health Promotion Sourcebook for Employers, Large and Small
http://www.prevent.org/publications/Healthy_Workforce_2010.pdf
This Partnership for Prevention publication designed for employers presents a set of national health objectives, with 10-year targets. The goal is to help explain objectives to employers so they can work on helping the nation achieve these targets.
Preventive Services: Helping Employers Expand Coverage
http://www.prevent.org/publications/Preventive_Services_Helping_Employers_Expand_Coverage.pdf
Developed by the Partnership for Prevention, this guide provides employers with information on return-on-investment data, health research and various health plans. The goal is to give employers the information they need to provide quality health coverage at a reasonable cost.

www.ctcinfo.org/tools/toolkits.asp#Guides_&_Toolkits_for_Employers

Toolkits for Purchasers/Insurers



COVERAGE FOR TOBACCO USE CESSATION TREATMENTS

Why,

What,

and

How

Why Is Health Insurance Coverage for Tobacco Use Treatments So Important?

- Smoking is costly to employers both in terms of smoking-related medical expenses and lost productivity.
  - Ten percent of smokers alive today are living with a smoking-related illness.[1]
  - Men who smoke incur $15,800[2] (in 2002 dollars) more in lifetime medical expenses and are absent from work 4 days more per year than men who do not smoke.[3]
  - Women who smoke incur $17,500[2] (in 2002 dollars) more in lifetime medical expenses and are absent from work 2 days more each year than nonsmoking women.[3]
  - In 1999, each adult smoker cost employers $1,760 in lost productivity and $1,623 in excess medical expenditures.[4]
  - Smoking causes heart disease, stroke, multiple cancers, respiratory diseases, and other costly illnesses. Secondhand smoke causes lung disease and lung cancer.[5, 6]
  - Smoking increases costly complications of pregnancy, such as pre-term delivery and low birthweight infants.[7]
- Smoking is the leading preventable cause of death in the United States.[8, 9] Smokers who quit will, on average, live longer and have fewer years living with disability.[10]
- About 23% of American adults and 28% of teens smoke.[11, 12] More than 70% want to quit, but few succeed without help.[13] Tobacco use treatment *doubles* quitting success rates.[3]

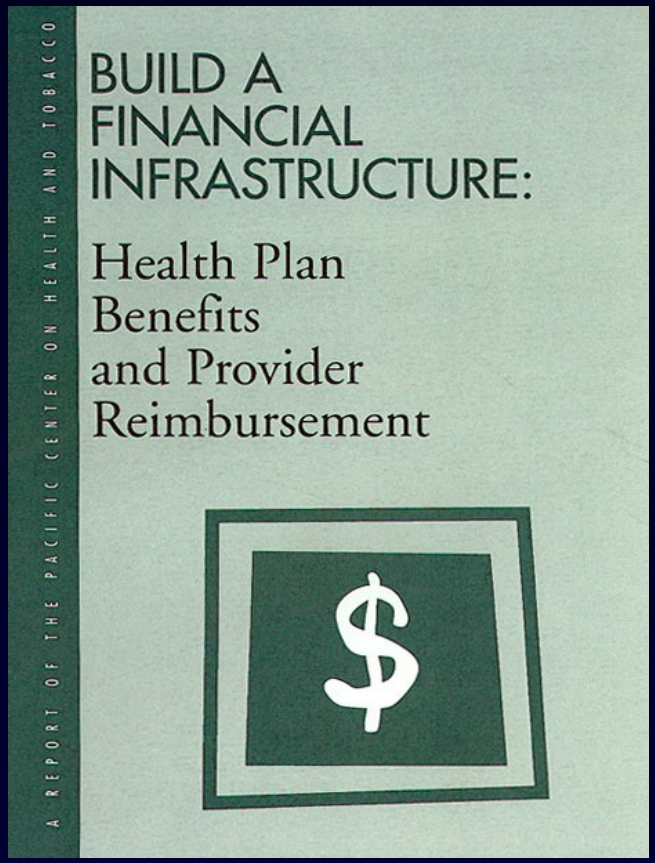
Paying for tobacco use cessation treatments is the single most cost-effective health insurance benefit for adults that can be provided to employees.[14, 16, 15]

What Treatments Are Available? How Effective Are They?

Smoking cessation treatments have been found to be safe and effective. These include counseling and medications, or a combination of both.[3]

- Face-to-face counseling and interactive telephone counseling are more effective than services that only provide educational or self-help materials.[9, 16]
- The effectiveness of counseling services increases as their intensity (the number and length of sessions) increases.[3]
- Smokers are more likely to use telephone counseling than to participate in individual or group counseling sessions.[16, 17]

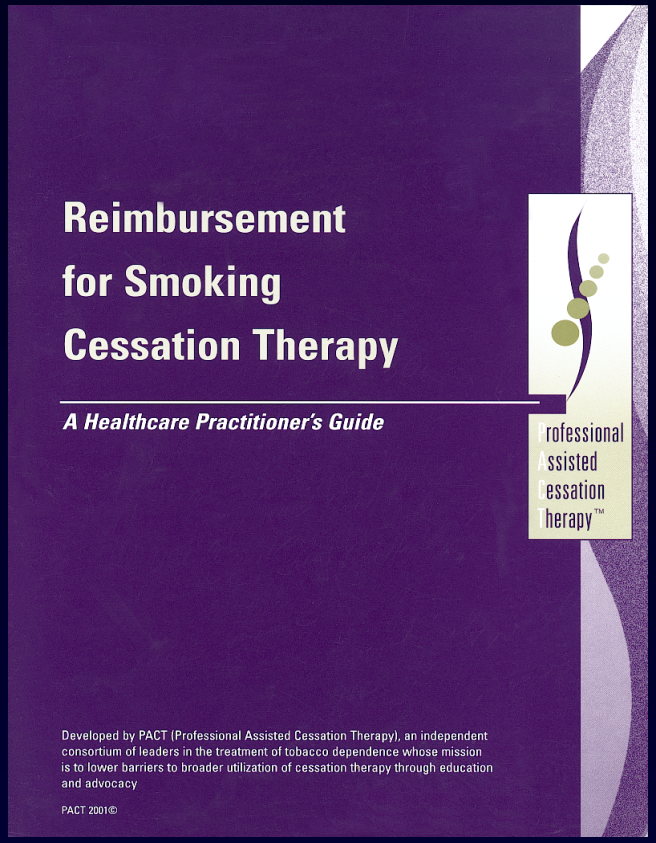
DEPARTMENT OF HEALTH AND HUMAN SERVICES


A REPORT OF THE PACIFIC CENTER ON HEALTH AND TOBACCO
BUILD A FINANCIAL INFRASTRUCTURE:
Health Plan Benefits and Provider Reimbursement

www.cdc.gov/tobacco/educational_materials/cessation/ReimbursementBrochureFull.pdf

www.paccenter.org/public/reports_folder/reimbursement_web.pdf

Toolkits for Purchasers/Insurers


Reimbursement
for Smoking
Cessation Therapy
A Healthcare Practitioner's Guide
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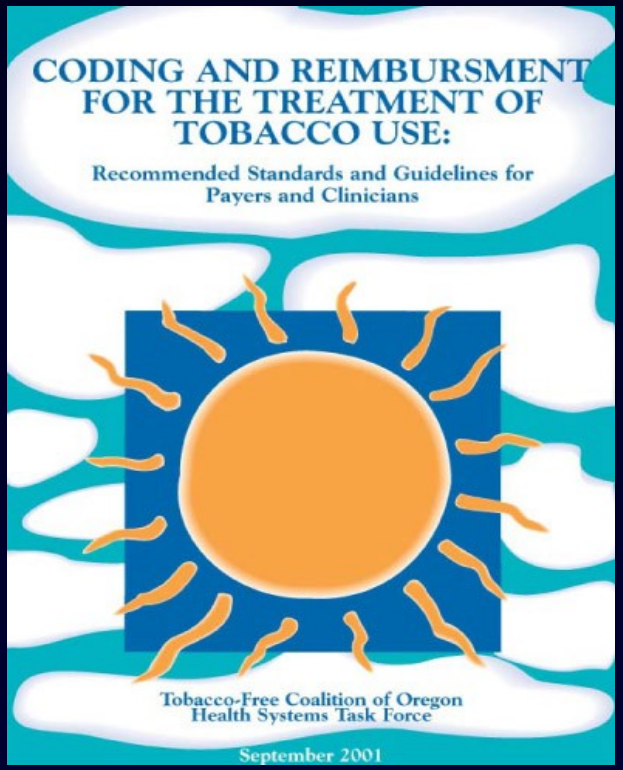
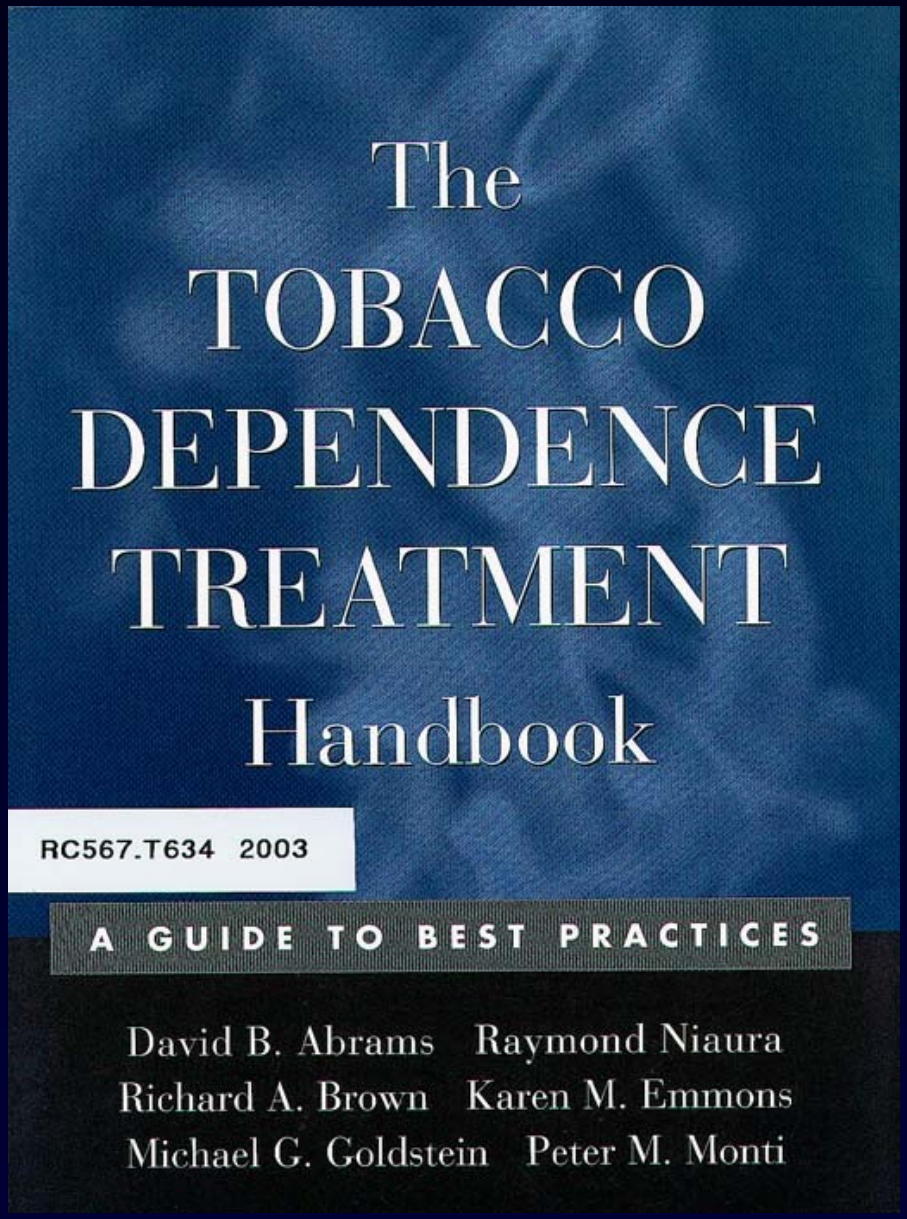
Developed by PACT (Professional Assisted Cessation Therapy), an independent consortium of leaders in the treatment of tobacco dependence whose mission is to lower barriers to broader utilization of cessation therapy through education and advocacy
PACT 2001©



www.endsmoking.org/resources/reimbursementguide/pdf/reimbursementguide-3rd-edition.pdf
www.paccenter.org/public/reports_folder/coding_web.pdf

PROVIDER EDUCATION MATERIALS


The
TOBACCO
DEPENDENCE
TREATMENT
Handbook
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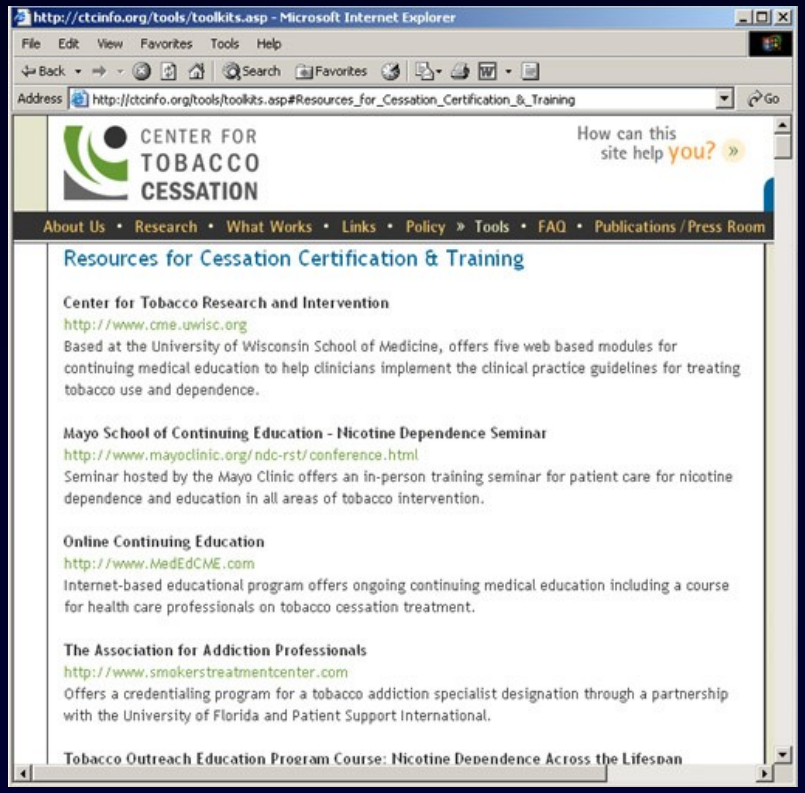
A GUIDE TO BEST PRACTICES
David B. Abrams Raymond Niaura
Richard A. Brown Karen M. Emmons
Michael G. Goldstein Peter M. Monti

Training and Certification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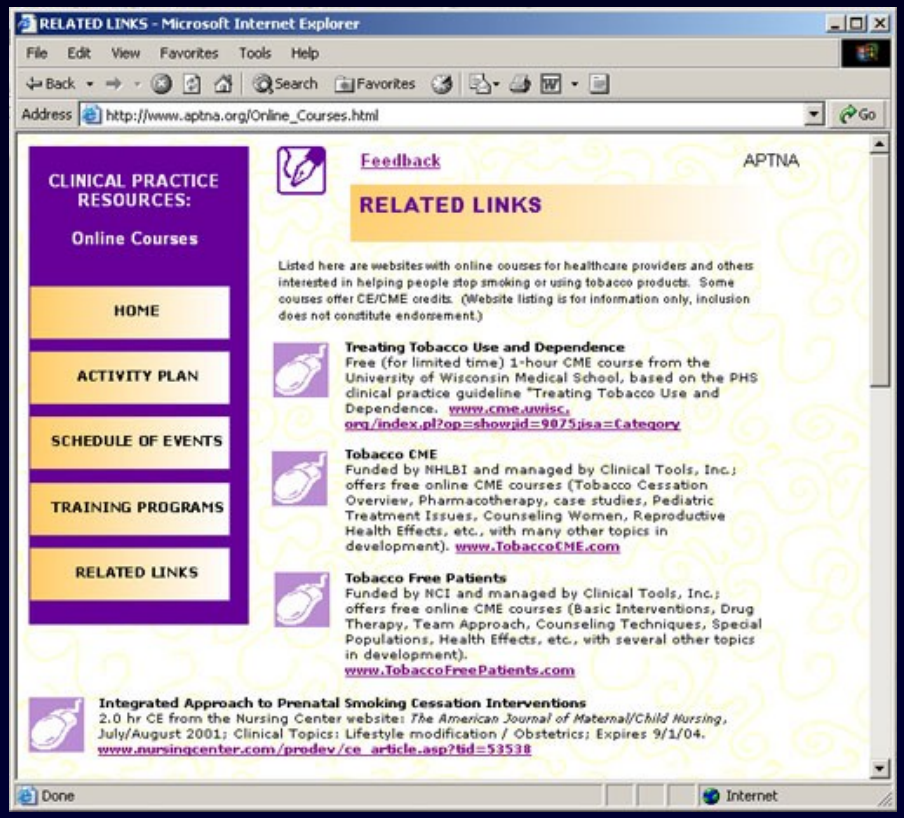
Address http://ctcinfo.org/tools/toolkits.asp#Resources_for_Cessation_Certification_&_Training
CENTER FOR TOBACCO CESSATION
How can this site help you?
About Us • Research • What Works • Links • Policy » Tools • FAQ • Publications / Press Room
Resources for Cessation Certification & Training
Center for Tobacco Research and Intervention
http://www.cme.uwisc.org
Based at the University of Wisconsin School of Medicine, offers five web based modules for continuing medical education to help clinicians implement the clinical practice guidelines for treating tobacco use and dependence.
Mayo School of Continuing Education - Nicotine Dependence Seminar
http://www.mayoclinic.org/ndc-rst/conference.html
Seminar hosted by the Mayo Clinic offers an in-person training seminar for patient care for nicotine dependence and education in all areas of tobacco intervention.
Online Continuing Education
http://www.MedEdCME.com
Internet-based educational program offers ongoing continuing medical education including a course for health care professionals on tobacco cessation treatment.
The Association for Addiction Professionals
http://www.smokerstreatmentcenter.com
Offers a credentialing program for a tobacco addiction specialist designation through a partnership with the University of Florida and Patient Support International.
Tobacco Outreach Education Program Course: Nicotine Dependence Across the Lifespan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Online Courses
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RELATED LINKS
Listed here are websites with online courses for healthcare providers and others interested in helping people stop smoking or using tobacco products. Some courses offer CE/CME credits. (Website listing is for information only, inclusion does not constitute endorsement.)
Treating Tobacco Use and Dependence
Free (for limited time) 1-hour CME course from the University of Wisconsin Medical School, based on the PHS clinical practice guideline "Treating Tobacco Use and Dependence. www.cme.uwisc.org/index.pl?op=showpid=9075jsa=Category
Tobacco CME
Funded by NHLBI and managed by Clinical Tools, Inc.; offers free online CME courses (Tobacco Cessation Overview, Pharmacotherapy, case studies, Pediatric Treatment Issues, Counseling Women, Reproductive Health Effects, etc., with many other topics in development). www.TobaccoCME.com
Tobacco Free Patients
Funded by NCI and managed by Clinical Tools, Inc.; offers free online CME courses (Basic Interventions, Drug Therapy, Team Approach, Counseling Techniques, Special Populations, Health Effects, etc., with several other topics in development).
www.TobaccoFreePatients.com
Integrated Approach to Prenatal Smoking Cessation Interventions
2.0 hr CE from the Nursing Center website: The American Journal of Maternal/Child Nursing, July/August 2001; Clinical Topics: Lifestyle modification / Obstetrics; Expires 9/1/04.
www.nursingcenter.com/prodev/ce_article.asp?tid=53538
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Internet

ctcinfo.org/tools/toolkits.asp#Resources_for_Cessation_Certification_&_Training
www.aptna.org/Online_Courses.html

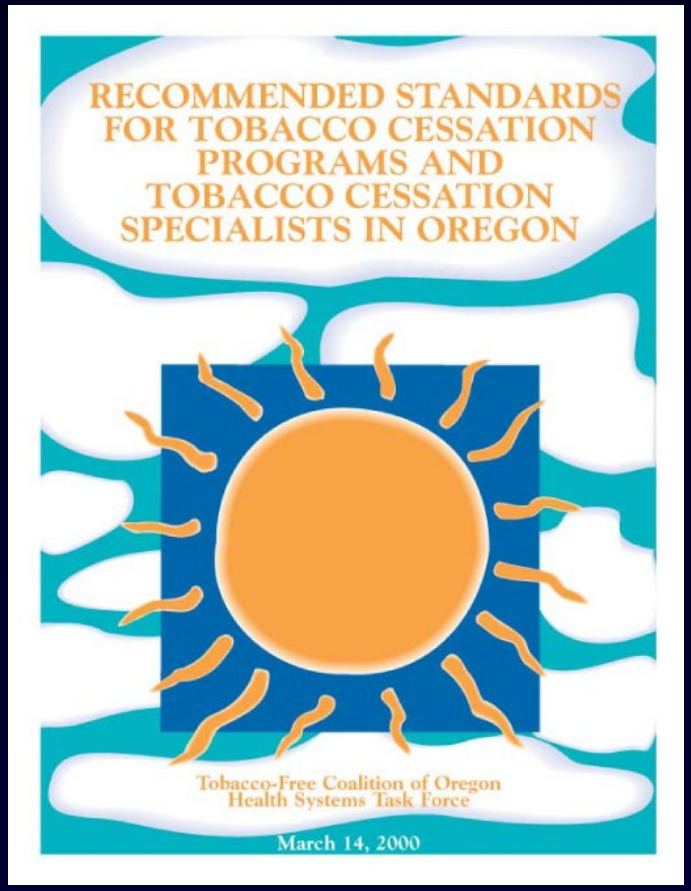
Training and Certification

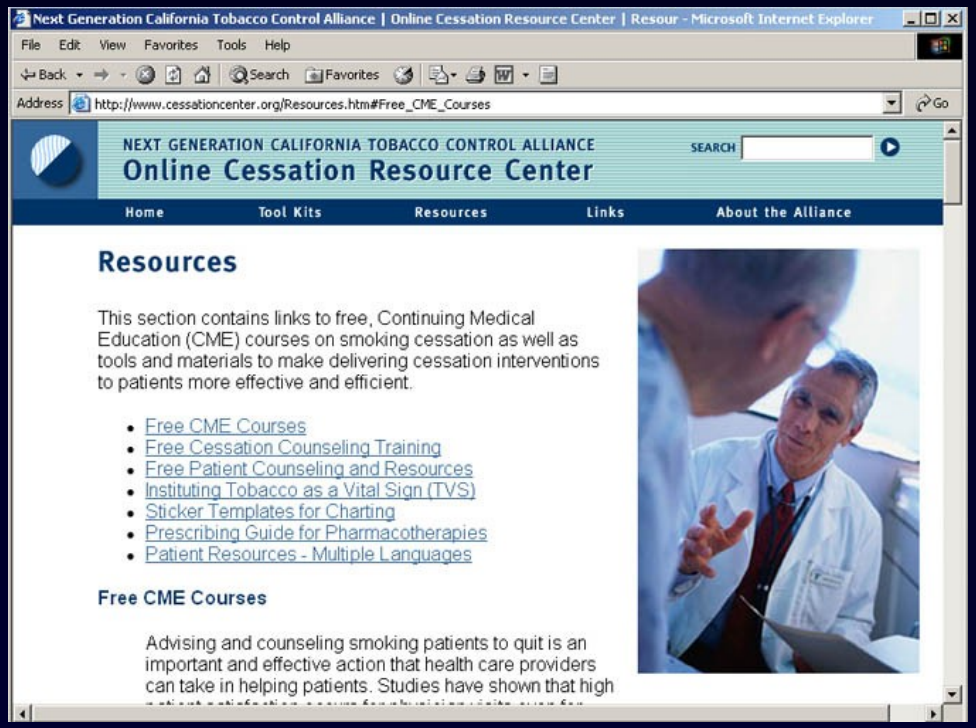
Broaden the Provider Base: *Approaches for Training*

work in progress

www.paccenter.org/pages/pub_reports.htm

Training and Certification


RECOMMENDED STANDARDS FOR TOBACCO CESSATION PROGRAMS AND TOBACCO CESSATION SPECIALISTS IN OREGON
Tobacco-Free Coalition of Oregon
Health Systems Task Force
March 14, 2000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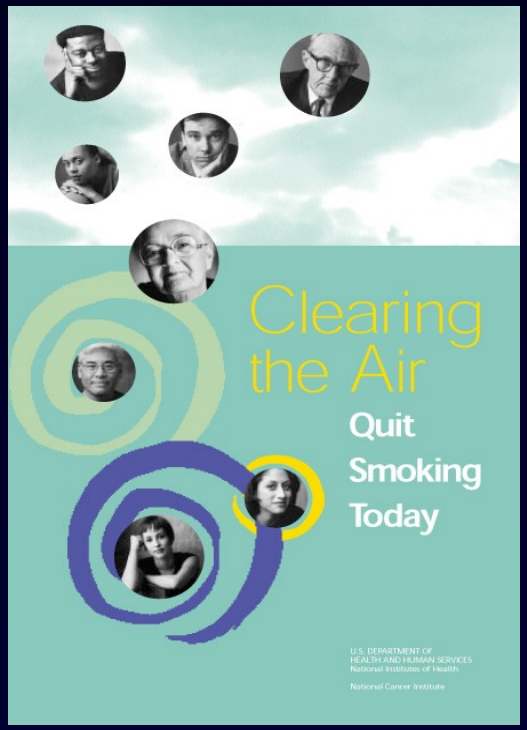
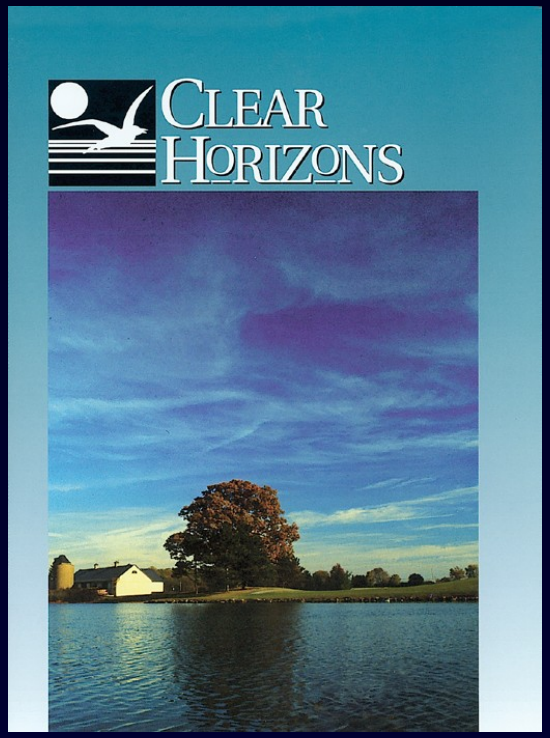
Address http://www.cessationcenter.org/Resources.htm#Free_CME_Courses
NEXT GENERATION CALIFORNIA TOBACCO CONTROL ALLIANCE
Online Cessation Resource Center
SEARCH
Home
Tool Kits
Resources
Links
About the Alliance
Resources
This section contains links to free, Continuing Medical Education (CME) courses on smoking cessation as well as tools and materials to make delivering cessation interventions to patients more effective and efficient.
Free CME Courses
Free Cessation Counseling Training
Free Patient Counseling and Resources
Instituting Tobacco as a Vital Sign (TVS)
Sticker Templates for Charting
Prescribing Guide for Pharmacotherapies
Patient Resources - Multiple Languages
Free CME Courses
Advising and counseling smoking patients to quit is an important and effective action that health care providers can take in helping patients. Studies have shown that high

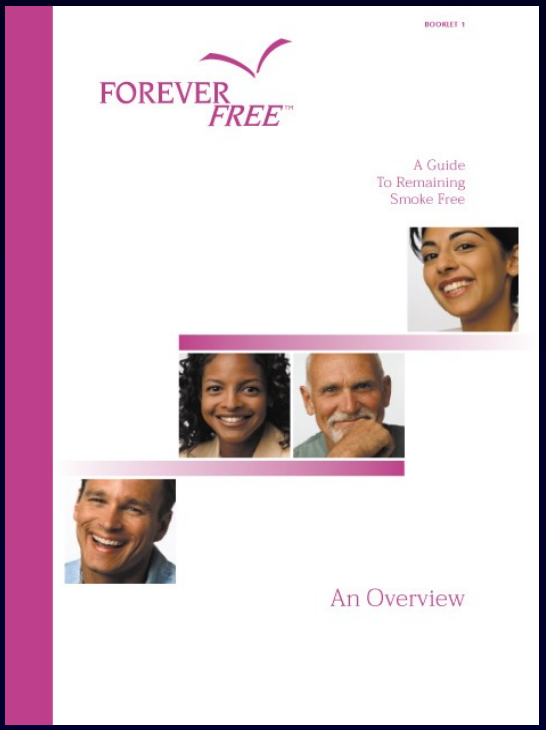
www.paccenter.org/public/reports_folder/standards_web.pdf
www.cessationcenter.org/Resources.htm#Free_CME_Courses

PATIENT EDUCATION MATERIALS

Patient Education Materials


Clearing the Air
Quit Smoking Today
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
National Cancer Institute

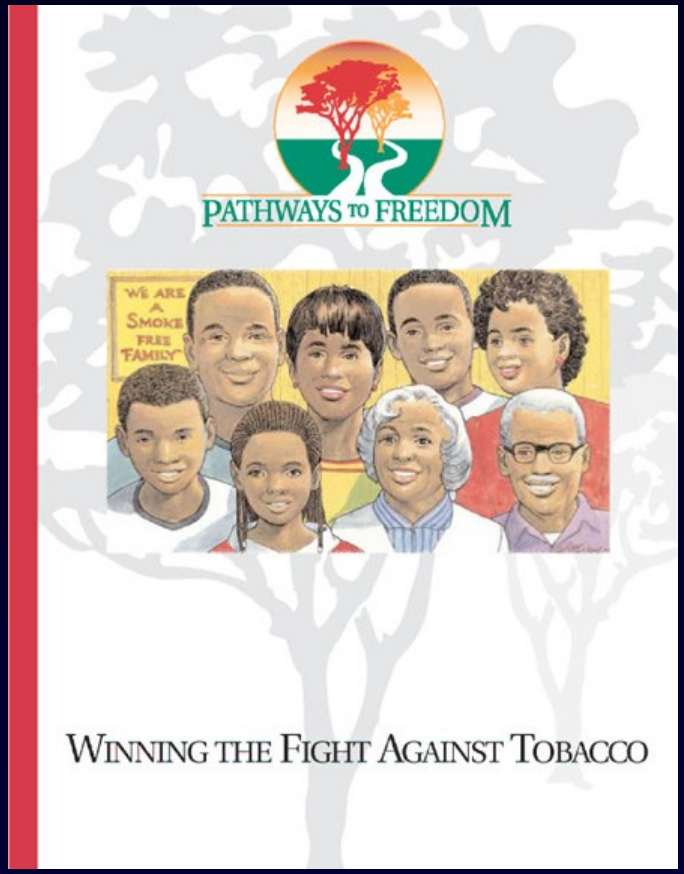




www.smokefree.gov/info.html

Patient Education Materials

No lo deje para mañana,
deje de fumar hoy
Guía para Dejar de Fumar
Institutos Nacionales de la Salud
Instituto Nacional del Cáncer



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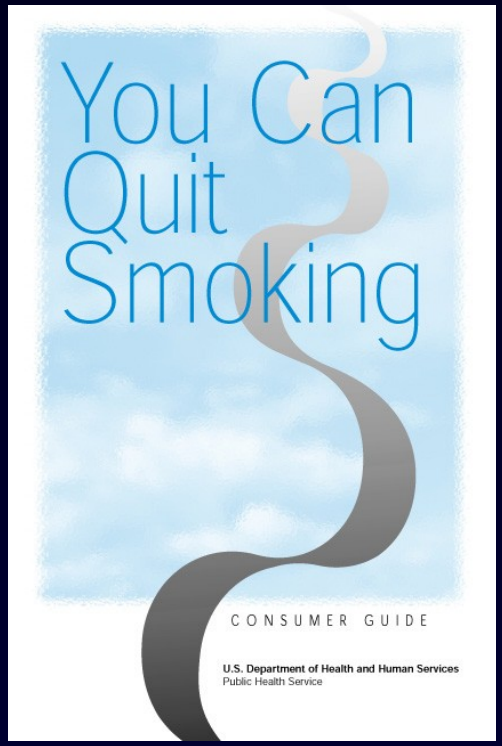
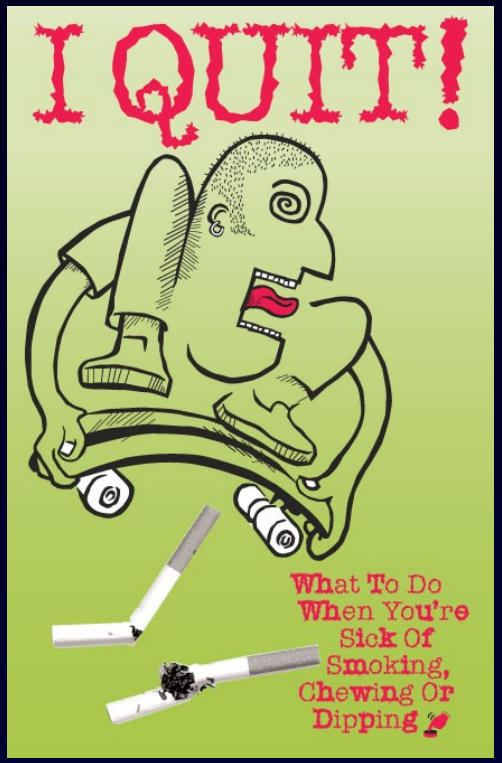
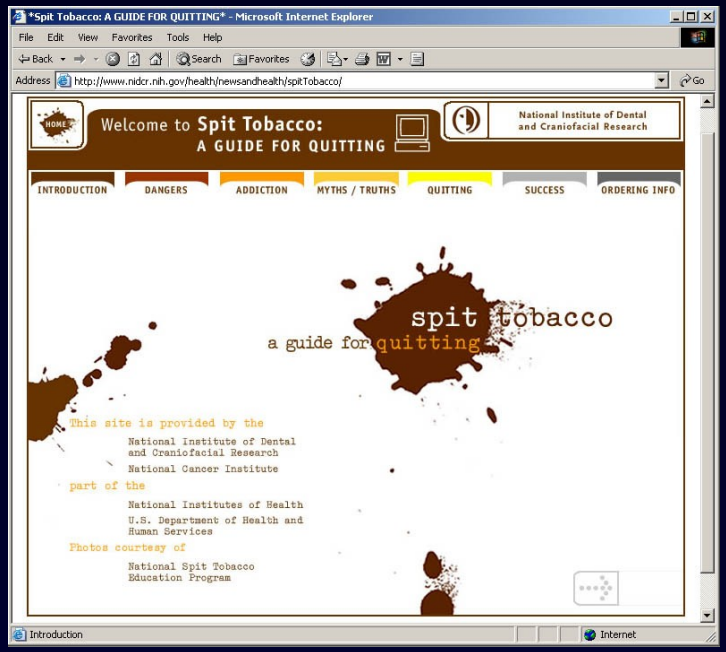
Patient Education Materials






Spit Tobacco: A GUIDE FOR QUITTING - Microsoft Internet Explorer
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part of the
National Institutes of Health
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www.cdc.gov/tobacco/quit/IQuit.pdf
www.nidcr.nih.gov/health/newsandhealth/spitTobacco/

The Nation's Tobacco Cessation Efforts

Centers for Disease Control and Prevention
Office on Smoking and Health

www.cdc.gov/tobacco

770-488-5705

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CDC Tobacco Control™